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DRUGS AND VIOLENCE: THE CRIMINAL JUSTICE SYSTEM IN CRISIS

HEARINGS

BEFORE THE

PERMANENT
SUBCOMMITTEE ON INVESTIGATIONS

OF THE

COMMITTEE ON
GOVERNMENTAL AFFAIRS
UNITED STATES SENATE

ONE HUNDRED FIRST CONGRESS

FIRST SESSION

JUNE 26, 1989 (MACON, GA) AND JUNE 28, 1989 (ATLANTA, GA)

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DRUGS AND VIOLENCE: THE CRIMINAL JUSTICE SYSTEM IN CRISIS

MONDAY, JUNE 26, 1989

U.S. SENATE,
PERMANENT SUBCOMMITTEE ON INVESTIGATIONS,
COMMITTEE ON GOVERNMENTAL AFFAIRS,
Macon, GA.

The Subcommittee met, pursuant to notice, at 9:15 a.m., in the auditorium of the Georgia Farm Bureau Headquarters, Macon, Georgia, Hon. Sam Nunn, Chairman of the Subcommittee, presiding.

Present: Senator Nunn.

Staff present: Eleanore J. Hill, Chief Counsel; Mary D. Robertson, Chief Clerk; Kim L. Wherry, Counsel; David B. Buckley, Investigator; Cynthia Comstock, Staff Assistant; Daniel F. Rinzel, Minority Chief Counsel; Carla Martin, Assistant Chief Clerk to the Minority; Jennifer Jones, Office of Senator Sam Nunn; and Scott Williams, Office of Senator Sam Nunn.

[Letter of authority follows:]

Pursuant to Rule 5 of the Rules of Procedure of the Senate Permanent Subcommittee on Investigations of the Committee on Governmental Affairs, permission is hereby granted for the chairman, or any member of the Subcommittee as designated by the chairman, to conduct open and/or executive session hearings without a quorum of two members for the administration of oaths and the taking of testimony in connection with hearings on Drugs and Violence: The Criminal Justice System in Crisis, to be held on June 26, 1989 in Macon, Georgia and June 28, 1989 in Atlanta, Georgia.

SAM NUNN,
Chairman.
WILLIAM V. ROTH, JR.,
Ranking Minority Member.

OPENING STATEMENT OF SENATOR NUNN

Senator NUNN. The hearing will come to order.

Today, the Permanent Subcommittee on Investigations begins the first of two hearings this week in Georgia on the impact of drug abuse and violence in our State. Today's hearing will focus on the particular difficulties that face rural Georgia in confronting this problem of drugs and violence. On Wednesday, the Subcommittee will travel to Atlanta to hear testimony on the effects of the drug epidemic in metropolitan areas such as Atlanta. I hope that many of you that are here today will also be able to attend Wednesday's hearing since the problems between the rural and urban areas are so interconnected.

These hearings are part of a year-long investigation that the Subcommittee and the General Accounting Office are conducting on the national impact of drug abuse and violence on the State and local criminal justice systems.

I want to thank Mort Ewing and Frank Strickland of the Farm Bureau for allowing us to use these facilities today. These are marvelous facilities in the heart of Georgia, crossroads of Georgia, a very convenient location. So Frank, to you and the entire Farm Bureau staff, we appreciate very much your hospitality.

During last year's consideration of the Anti-Drug Abuse Act of 1988, we received numerous reports from local law enforcement agencies that our Nation's criminal justice system was bordering on the verge of collapse due to the drug epidemic. It became apparent to me that in order to effectively deal with the national problem, we must know what the situation is like at the State and local level.

I view these hearings as an essential step in our Nation's response to our current drug problems—one that is long overdue. Our purpose today is to help develop an accurate data base on the extent and nature of the national drug problem so that the Congress and the American people can develop a realistic strategy to deal with it.

Tough slogans and good intentions in the drug war are not necessarily useful to the taxpayer or the Congress in deciding where scarce resources must be focused in the drug effort. In the absence of hard facts and a clear, focused strategy, some have suggested that in the past, our nation has thrown hundreds of millions of dollars at the drug problem with no apparent understanding of the results.

This was clearly demonstrated to me earlier this month in hearings before this Subcommittee in Washington on the military's new mission against drug smuggling. Members of the Subcommittee were surprised to hear from experts at the General Accounting Office that our government has never attempted to gather the most basic data needed to make policy choices on allocating our Federal resources in the anti-drug effort. Despite the fact that we have been wrestling with this problem for over 20 years, we literally still do not know what works and what does not work, and we do not know certainly what works best and where our scarce and marginal Federal dollars ought to be in terms of priorities. Because we do not have an accurate measuring stick of success and failure, we do not know what the consequences will be from increased funding for a particular program.

That has been a fundamental flaw that I hope we can help begin to focus on at today's hearings. We will hear from state and local officials, community leaders and private citizens who daily address the growing wave of drug abuse and violence at the local levels. We are here to listen, to listen not only to your problems and frustrations, but also to your successes and your suggestions for possible solutions.

If there is such a thing as a "war on drugs," you are the frontline troops, the seasoned and battle-tested veterans. You are doing the bulk of the fighting. As the latest Uniform Crime Report shows, our State and local police are responsible for over 95 per-

cent of all drug-related arrests in our country. In light of that fact, it is essential to get the benefit of your field experience in evaluating not only the problems but also possible solutions in our fight against drugs.

I expect to hear a lot of frustration and skepticism from the witnesses this morning, and that is understandable. I too am frustrated and skeptical. Since coming to Washington, I have listened to every President, every Administration, expound on the proposed solutions to the problem.

If anything, these last 17 years have taught me one thing—there is no quick or easy solution to drug abuse. What President in recent memory, for example, has not launched his own "war on drugs"—every President has since I have been in Washington, only to be succeeded by another President who also vows to go after the narcotic traffickers with unprecedented vigor. And they are all sincere when they say it.

In Congress, since 1984 alone, we have debated and passed three massive, comprehensive packages of anti-narcotics and anti-crime legislation in attempting to address the problem. Since I have been in the Senate, our spending for drug abuse has grown dramatically. Just from 1980 to 1988, it has increased from $1.1 billion to $3.8 billion. The President's current budget proposes $5.3 billion for fiscal year 1990.

Yet, despite substantial legislative action and significant increases in resources, our anti-drug strategy simply has not worked. Drug production in foreign countries remains very high. Only a fraction of the drugs smuggled into this country are interdicted by law enforcement. Our streets are literally awash in drugs, with cocaine and marijuana prices at the lowest level ever recorded. If you will look at the chart here on the left,[1] you will see that. The purity level is at the highest and the emergency rooms overflowing with the victims of drug abuse.

I remember very well in the late 1970s, Peter Bensinger, the then head of the Drug Enforcement Administration appeared before this Subcommittee in Washington, and I asked him, "Mr. Bensinger, how do we measure success or failure?" He said, "The best indicators we have is to take a look at the price of the drugs on the street. If the price is very low, that means we have a huge amount of supply. Take a look at the purity level, if the purity level is high, that means we have a huge supply. Take a look at the emergency room procedures, the number of emergencies relating to drugs, if that is high, we have got a very severe problem."

If you look at these charts, we are at an all-time high in the number of emergencies and the purity—and we are at an all-time low in terms of the price. That means, by all those measurements that were given in the late 1970s by the head of the Drug Enforcement Administration, we are doing very, very poorly. The charts before us this morning graphically indicate the problem.

On the other hand, we have to take another look as we are emphasizing demand—high purity and low prices could also mean that there is reduced demand, which would be an indicator of suc-

[1] Charts retained in subcommittee files.

cess in demand reduction programs. At the present time, the huge increases in emergency room statistics or so-called Drug Abuse Working Network statistics, seems to confirm that we are not really succeeding on the demand side. All of this underscores the fact that, after 20 years in the drug fight, we still do not have measuring tools to assess the impact of our efforts. In fact, I know of no new measuring tools that we have even seen introduced in the last 10 years.

Before we commit millions of dollars to the problem, we need to make a serious effort to find out what the problem is and how best to address it. We need to know what works and what does not work. We no longer have the time nor the money to repeat the failures of the past.

I am convinced that America must now begin to effectively deal with drugs, violence and crime or we will certainly see a continued, and perhaps even an accelerated deterioration of our value system, our communities and even our ability to compete as a nation economically. The fact is, time is running out. The Atlanta Police report that homicides have increased 52 percent from 1986 to 1988 and the rate for 1989, already this year is 30 percent over the same period last year. Statewide in Georgia, drug arrests rose from less than 20,000 in 1984 to over 32,000 in 1988, a 62 percent increase in arrests. Finally, drug arrests are increasing so fast that many Georgia counties and cities are having to release a prisoner for every new person arrested.

Our witnesses today will remind us that this crisis no longer belongs to our big cities and metropolitan areas, if it ever did. According to law enforcement experts, over 80 percent of Georgia's rural crime is attributable to drug use. Knowing this, we must examine the impact on rural areas, realizing that programs designed for our cities may not always be the right answers for our rural communities, but also realizing that you really cannot separate the two.

I suspect that much of the testimony this morning will paint a disturbing picture of how the drug epidemic has devastated many rural communities throughout the State. But all is not bleak. We must not lose our sense of outrage about this problem and we also must not lose our sense of hope. On the bright side, there are some positive steps that are being taken toward defeating the epidemic. For example, there is reason to believe that our educational campaigns may have started to work, slowly but surely. According to the 14th annual survey of drug abuse among high school seniors, there were significant decreases in cocaine abuse for the second year in a row during 1988.

This survey found a decrease of about 20 percent in the proportion of seniors in high school who had used cocaine at least once in their lifetime, and a decline of nearly 25 percent in the proportion who had used the drug at least once in the past year. Furthermore, the proportion of seniors who perceived a "great risk" of harm associated with using cocaine even once or twice increased from 48 percent to 51 percent, while those who viewed the use of crack cocaine as a "great risk" increased from 57 percent to 62 percent. It was pointed out this morning in an early breakfast meeting, we have not done as well with alcohol: the alcohol problems in high schools are going up, not down.

But we should also be encouraged by similar trends in marijuana usage in recent years. In the peak years of use, 1978 and 1979, half of all the high school seniors polled had used marijuana at least once within the past year. By 1988, that statistic had fallen to 30 percent. More importantly, the number of students who reported daily use declined from 10.7 percent in 1978 to 2.7 percent in 1988. Significantly, those seniors who perceived a "great risk" from regular marijuana use has increased from 35 percent to 77 percent over the last 10 years.

Today's witnesses will also confirm that treatment and education can work if properly funded. On that note, we should be heartened by the fact that last year's drug bill provided $15.8 million to Georgia for treatment. Of this amount, almost $12 million has been allocated to State and local treatment centers. In addition, I am looking forward to today's testimony from Louis Hargrove and Dianne Bryant, who work for the Macon-Bibb County Health Department in educating people on the dangers of drug abuse. Both are former addicts who successfully overcame their problems and they now work out on the streets to educate others on drug abuse.

All of today's witnesses will illustrate the crucial importance of making the right choices about the allocation of scarce resources in the drug war. There are many areas that need more money and greater attention. Our most difficult task is to identify and support those programs which, in the long run, have the best chance of decreasing drug abuse in this Nation.

I do not expect today's hearings to provide a simple answer to the drug problem in our country. The problem is too pervasive and too complex for those types of easy solutions. So no one should walk away from here today thinking that the hearing was an effort to find an easy solution. I know better than that. But what I am hoping for to at least have some tentative answers to a series of questions we and our new Director of National Drug Control Policy, Mr. William Bennett, need to address in developing a successful national drug strategy. Director Bennett, who will be joining me in Atlanta this coming Wednesday, is tasked with drafting a comprehensive and effective national drug strategy by September of this year. To do that, Director Bennett is going to have to answer many questions; a few very fundamental questions:

First of all, who is in charge of our drug strategy, and what is that drug strategy? Is this really a war on drugs—it seems we have 16 or perhaps 20 separate generals who are "in charge" of this war. We have no organizational chart, no battle plan, no comprehensive strategy at the federal level. If we had fought World War II that way, we would have lost. Obviously we need to put our federal drug program in order if we are ever really going to help solve the problem at the State and local level.

Secondly, as I have already mentioned, how do we measure success, how do we know when we are making progress? Is it the price of drugs on the street, is it the purity level, is it the Drug Abuse Working Network statistics or are there better measurements? And as we begin—if we begin to make progress on the demand side, that too will drive down the price. How do we make sure that when we see the price coming down, we know whether to attribute it to more supply coming in or whether to attribute it to better

education and less demand? How do we measure the effect of the dollars we spend in the drug fight?

What works and what does not work? We must know this as we begin to sort out priorities at the federal level. For example, we now have a request to spend $124 million to buy radar balloons and surveillance planes as some have recommended. For the same amount of money we could provide 7,500 patient years of in-patient drug treatment, or we could provide 27,000 years of out-patient drug treatment, or we could pay several hundred new DEA agents or we could maintain an additional approximately 9,000 prisoners in medium security prisons or we could hire several thousand local public law enforcement officials.

These are not easy choices. We cannot do everything, but we must do better if we are going to set priorities. I am hopeful that this hearing and the hearing in Atlanta later this week will help us to stop shooting in the dark and will help us begin setting priorities in the drug war. We need the benefit of your knowledge and your experiences on the front line in order to develop the kind of focused and effective drug strategy that this country so desperately needs.

In closing, I want to give special thanks to the Macon city government, the Macon Police Department, the county government, Bibb County and Macon, for their assistance in helping us prepare for these hearings, and also again to the Farm Bureau for allowing us to have the facilities here.

I know there are a lot of people who have questions on the role of the military. I have had numerous meetings with our military officials in the last 1½ to 2 years. Last year in the drug bill, the 1989 drug bill, we gave the military several additional roles. We said to the Department of Defense, we want you to set up a command, control and communications network, an intelligence network, for our domestic law enforcement. They are in the process of doing that. That is an area where the military excels, they are very good at setting up command, control and communication. So that is being done now.

A second function we gave the military was to give them the lead agency role in monitoring and detecting drugs coming into this country, whether by air or by sea. That is their statutory duty at this time.

A third role we gave the Department of Defense was monitoring the efforts and plans of the National Guard. Every State came up with plans for using the National Guard at the State and local level, and that is now being done.

In addition, we can say now, because of the drug bill 2 years ago which came through our military committee, we now have a contingent of Coast Guard people on every Navy ship in drug-infested waters around America and they are capable of making arrests. So every Navy ship out there with Coast Guard people on board has the ability to make arrests when they see a boat and suspect a boat that may have drugs on board.

So we are moving in this area. Again, it is not the whole answer to the problem, but we are at least getting the military involved, because there is no doubt about the fact they do have special talents that they can bring to bear.

Let me introduce Eleanore Hill of my staff, who has helped put together these hearings. Eleanore is the Chief Counsel of our Permanent Subcommittee on Investigations. And Dan Rinzel. Dan is the Chief Counsel on the Republican side, the Minority side, working directly for Senator Roth from Delaware. Senator Roth and I coordinate very thoroughly with every hearing we have, whether he has the hearing or whether I do. We run this Committee, this investigative Subcommittee probably more than any Subcommittee or Committee on Capitol Hill, in a completely non-partisan fashion. Senator Roth will be joining me in Atlanta on Wednesday. So Dan, we are glad to have you here representing him.

Mr. RINZEL. Thank you.

Senator NUNN. Our first witness this morning is the Honorable Lee Robinson, Mayor of the City of Macon. Mayor Robinson, it is a pleasure being in Macon. You have a fine city here, and of course this is home territory to me, but I know you have a drug problem, you know you have a drug problem and you are mobilizing the entire city government to fight the war on drugs. I have personally given your whole battle plan to Director Bennett, I handed it to him and I asked that he read it, and of course, I hope you will have a chance to see him in Atlanta this week.

We are delighted to have you here this morning, we are delighted with the leadership role you are exercising. I will have to inform you and all other witnesses that this Subcommittee, because we are an investigative Subcommittee, we swear in all the witnesses that appear before our Committee. Everyone takes the oath, that has been the pattern and history of this Subcommittee for years. So we will not make an exception here this morning, we will continue our regular pattern. If you and anyone else you have with you are going to testify, we would like for you to take the oath. If you would stand and let me give you the oath. Raise your right hand. Do you swear the testimony you give before the Subcommittee will be the truth, the whole truth and nothing but the truth?

Mr. ROBINSON. I do.

TESTIMONY OF LEE ROBINSON, MAYOR, MACON, GA

Mr. ROBINSON. Thank you, Senator.

First of all, let me thank you for the leadership role that you have taken in this war on drugs, and specifically for the Permanent Subcommittee on Investigations and the effort that they have made. I am cognizant—in fact I was with your staff when they came to Macon, Georgia to see first-hand our efforts, and when I say first-hand, I mean first-hand. We spent some long evening hours in police work and they also attended our leadership council on drug meeting. You have an excellent, supportive staff and I want to make sure that is noted.

Senator Nunn, the U.S. Conference of Mayors convened the Police Chiefs and Mayors in Washington, D.C., in April, 1988 and adopted a National Anti-Drug Strategy. This was expanded and adopted at the 56th Annual Conference of Mayors in Salt Lake City, Utah. Ten months later, the Police Chiefs and Mayors again

gathered in Washington, D.C. and reaffirmed the provisions of the National Anti-Drug Strategy.

I recently returned from the U.S. Conference of Mayors in Charleston, South Carolina where once again, the number one topic was the war on drugs. The Mayors of this Nation were sharing solutions to the most evasive problem and tactics against the most insidious enemy we have ever faced as a nation.

Macon, Georgia has a strategic plan and I will discuss that plan. Our Nation's plan must include strategic plans for all of our cities and direct federal funding for those plans. Additionally, the Director should organize a squad of facilitators and planners to assist cities in developing or refining local war on drugs strategic plans. The benefit of this approach will become apparent as the evolution of our plan is revealed and some of our successes and frustrations are discussed.

While this Nation struggles to adopt a National Strategy on Drugs, the problems in our cities worsen. Mayors and Police Chiefs reported increases in the number of drug-related arrests and drug seizures, yet the price of cocaine on the street has gone down.

Macon is not the exception. Rather, the Cherry Blossom Capitol of the world reflects the national picture. While the U.S. conference of Mayors was elevating the war on drugs to the number one priority, I was being approached by council members and many others about the growing concern of our constituents over losing the battle against illicit drugs. Minutes of neighborhood associations reflected this concern. And the Mayor's Night Out Program was being dominated by drug-activity tips. Clearly the people of this city are frustrated and frightened. The good people of Macon recognize the use of crack cocaine as the beginning of the end of our participatory form of government and as the erosion of our economic base. Sadly, these are not over-statements.

Macon, Georgia and her environs are not in a significantly worse or substantially better position than any other city her size. We have done many things while we tried to understand the scope of the problem and many things were left undone. Victories are few and far between, but before we throw our hands up in despair, we should understand the war has only begun. Up to this point, we as a city and as a collection of cities, have merely employed the traditional methods and departmentalized our effort. Succinctly, we said it was a law-enforcement problem. Now we understand that a total community war on drugs is essential.

During the last decade there has been an explosion of interest within the private sector in the overall concept of strategy, and that interest has permeated the public sector during the 1980s. For example, Macon recently completed a strategic plan to guide the city for the next several years. Consequently, many of our leaders within the public sector are familiar with strategic planning and implementation.

Because our community leaders are familiar with the strategic planning process, we developed a comprehensive plan. Our preliminary draft of our strategic plan that we have labeled Macon/Bibb War on Drugs, has been updated. Subsequently we will develop time lines that tie the law enforcement effort and the civilian or community effort together.

Macon's effort first began with a series of discussions among representatives of the law enforcement community, including the Sheriff and Police Chief, members of the judiciary and prosecutors from the District Attorney's office. Those talks centered around the scope of the problem and revealed that the drug problem was of such magnitude that a law enforcement effort alone would not succeed.

Clearly, the group needed to expand to include other community leaders. We expanded and began to refer to ourselves as the Macon-Bibb Leadership Council on Drugs. Our members now include:

Cecil Baldwin, Administrator of the Macon-Bibb County Health Department.

Bill Barnes, Executive Director of the Middle Georgia Consortium.

Larry Benton, local businessman and community leader.

Albert Billingslea, Bibb County Commissioner.

Jim Brooks, Chief of Police.

David Carter, Macon City Council President.

Kizzie Curry, local businesswoman and community leader.

Moira Davis, Administrative Assistant to Mayor Lee Robinson.

Emory Greene, Bibb County Commission Chairman.

Tom Hagler, Superintendent of Bibb County Schools.

George Halford, Executive Director of the Greater Macon Chamber of Commerce.

John Hiscox, Executive Director of the Macon Housing Authority.

Linda Howard, Macon Ad Club.

Charlie Howell, the Chief Administrative Officer of the City of Macon.

Tom Hudson, Executive Director of the Middle Georgia Council on Drugs.

Jim Lee, Macon City Council member.

Filemon Lopez, Cox Cable.

Joe Pasquesi, Special Agent, Federal Bureau of Investigation.

Myself.

Vernon Ryle, Executive Director of Planning and Zoning.

Ken Sheets, Inspection and Fees Director, City of Macon.

Major Terry Singleton, Bibb County Sheriff's Office.

Rodney Smith, Macon City Council member and Chairman of our Health Board.

Bill Stembridge, District Coordinator for Congressman Roy Rowland.

Bettijo Trawick, Projects Coordinator, Economic and Community Development.

Matt Trice, Middle Georgia Area Planning and Development Committee.

Ray Wilkes, Bibb County Sheriff.

And Joan Wooley, our City Attorney.

Others are being tapped as strategic champions when new areas are being discovered.

Next, the Leadership Council on Drugs adopted a mission statement and six goals to move us toward a drug free community. This

was the foundation of our strategic plan. This mission statement and goals are as follows:

The mission is to eradicate the use of illegal drugs in Macon and Bibb County by a total community effort, through a strategic plan coordinating both the law enforcement sector and the civilian sector.

Our goals may seem apparent:

Reduction of demand by the disruption of the marketplace.

Reduction of demand through education.

Reduction of demand through user accountability.

Reduction of demand through treatment.

We adopted some secondary goals:

Reduction of supply through support of federal programs.

Reduction of supply through local interdiction.

The heart of any strategic plan are the strategies and the strategy champions. The following strategies were developed and the plan validated by assigning capable champions to be committed to that strategy. I have asked that the strategies which were left out of my presentation be included, Senator, as an addendum to this, and I think they have been provided.

Senator NUNN. They will be part of the record without objection.

Mr. ROBINSON. Thank you, Senator.

The strategy champions developed the associated tasks and report on the progress every two weeks in the Mayor's Conference Room.

Rather than list all the tasks that they develop, let me just offer a couple of samplings of the reports. City Attorney Joan Wooley reported:

Our City Attorney is responsible for two separate strategies; (1) to reduce the demand for drugs by making drug users accountable by developing a streamlined system to seize assets of drug users and (2) to disrupt the marketplace by seizing real property associated with the sale and distribution of drugs.

With regard to the first strategy, the City Attorney's Office, along with the Macon Police Department and the Bibb County District Attorney's Office has reviewed and streamlined procedures for forfeiture of assets seized pursuant to drug forfeiture laws. Several recommendations came from the review such as the Macon Police Department preparing their own forfeiture papers in order to save costs and to expedite forfeiture of assets. The final deadline for full implementation of the recommendations has been set at September 30, 1989.

With regard to strategy number two, the City of Macon and the County of Bibb have adopted a resolution requesting the Bibb delegation to the Georgia General Assembly to introduce legislation providing for the seizure of real property associated with the sale and distribution of drugs. The request to the delegation from the Leadership Council was to initiate any legislation if necessary and if legislation has already been started, to support same. The City Attorney's Office has advised the delegation it is available to assist in any legal research and drafting of the legislation. Once a bill has been prepared for introduction, the City and County officials will be working with the Georgia Municipal Association and the Association of County Commissioners of Georgia to support the proposed legislation with a goal of having legislation adopted in the 1990 General Assembly. As a sub-part to strategy number two, the City is continuing to condemn substandard property associated with the sale and distribution of drugs and will continue to do so.

In addition to the goals and strategies set out, the City Attorney's Office is also currently researching the law on drug-free zones and the Phoenix, Arizona alternative to incarceration program.

The entire community must be involved if we are to effect a behavioral change. Listen to what Mr. Larry Benton reported concerning the organization of a Drug-Free Youth Club:

The coaches and youth directors are organized and meet each Wednesday morning at 7:00 a.m. They have elected a Board of Directors. Burger King will sponsor a "Fling with the King" for the youth. We plan to take them to ballgames using loaned vans and buses from churches. We also plan to use Central City Park for Wednesday events. Everything is on track for a July 12 kickoff. We have designed identification cards and are working on a T-shirt for the young people. We go out every Tuesday and ask businessmen for help. The response is unbelievable, they are falling all over themselves to help. The big membership drive is not until September, but applications are coming in each week.

The Macon Ad Club has been instrumental in getting the message out. This cannot be a secret war. The war on drugs is an overt effort at a societal behavioral change. Mrs. Linda Howard is a tireless champion who gave this report:

We started by working with this committee to try to develop a name and kept coming back to Macon-Bibb War on Drugs. One of the members developed a log for use on all print and visual pieces and television spots. We assisted with the press conference for the official kick-off of the Macon-Bibb War on Drugs and developed a brochure which went home with 25,000 Bibb County school children on May 31, 1989, as part of the "Kick-Off for a Drug-Free Summer". Larry Benton has distributed 3,000 of these brochures and John Hiscox has distributed another 3,000 throughout the Macon Housing Authority. We also produced television and radio public service announcements to run all summer. Cox Cable and the television stations have been very supportive, airing the two spots widely. Channel 13 is developing two of their own spots which they plan to share with other stations.

George Halford reported on the strategy of making drug users accountable through pre-employment drug screening:

Two weeks ago, the Chamber of Commerce distributed over 1,700 surveys pertaining to drug testing. Over 200 of the surveys have been returned and the response is good. Many businesses are inquiring about the cost and availability of pre-employment drug testing and that information is being sent to them.

Concerning the strategy of reducing demand through education by including education against the use of drugs in all vocational schools, Tom Hudson reported for Bill Barnes:

The tasks of identifying the vocational schools and institutions have been accomplished and we have commitments from them to participate. We also have developed curriculum and that is in place. We will select a target date for implementation and report back to the Council.

The Achilles' heel of any plan is treatment, an area that cannot be overlooked. The Macon-Bibb County Health Department has worked diligently to support this effort. City Council member and Health Board Chairman Rodney Smith, along with Cecil Baldwin made this report on the treatment strategy:

The lease was signed this week to increase the size of our substance abuse outpatient unit. This will allow for expansion of a number of abuses that we are able to treat. In addition, the street team will be testifying Monday. The Phoenix treatment plans have been forwarded to the City Attorney for review. A Federal grant is being prepared on the Adolescent Substance Abuse In-Patient Program that was finally developed. The grant will be sent in in November and funding will begin April.

Cecil Baldwin reported:

There is $7 million available nationwide and the average grant is around $200,000 but there is no limit to that. We have contacted all the private providers and we have provided all the schools to coordinate an overall treatment plan for this area. We have already opened a facility with 30 additional beds in Twiggs County. We have completely reorganized our treatment facility. We have letters of agreement to involve both Alcoholics Anonymous and Narcotics Anonymous in offering support following regimental treatment therapy. We have a new treatment telephone number and we are meeting with the Commissioner of the Department of Human Resources next Friday to discuss more State funding.

Probably the most extensive report came from the law enforcement sector. Both Macon Police Chief Jim Brooks and Major Terry Singleton of the Bibb County Sheriff's Department made substantive reports. Both of those departments will be testifying before this Committee and so those reports will not be included here. But it is important I think to remember that the consensus of all of those extensively involved in the war on drugs is that there can only be one plan built on a joint effort by both the community and law enforcement.

The citizens of this Nation know that our society has a drug problem and they are turning to local governments for help. They are frightened, angry and ready to join with us in the war on drugs. I presented our plan to our radio and television station representatives and the response in unison was "where do we sign up?" Our local business community is contributing man-hours and money to help wage the war. What have we learned so far in Macon's effort?

First, law enforcement cannot win the war alone. The war on drugs must be a multi-faceted, comprehensive effort involving all segments of the community in concert with law enforcement.

Secondly, there must be a local strategic plan. The problem is too complex for simple solutions and the only effective way to solve the problem is to break it down into the smallest manageable components. There must be a clear direction. George Bernard Shaw said "to be in hell is to drift, to be in heaven is to steer."

The local effort should focus on reduction of demand while the Federal effort should focus on reduction of supply and most importantly, the support of the local effort through direct Federal funding and planning assistance.

Macon and Bibb County have a dynamic plan that will eventually impact drug use in our community. No one on the Leadership Council is under any delusion that we will solve this problem in the next several months or in the next several years. Yet we maintain our drive and enthusiasm because we know to rest would mean the end of our beautiful city and our beautiful community as we know it. It is not just a Macon, Georgia problem.

Senator, you, above all other people, will remember that middle Georgia is a special place. The Mayors of middle Georgia met and we passed a resolution that in essence sends a message to the new Director that we need federal assistance in developing this plan. Wednesday, I hope, with your assistance, to hand this to the new Director William Bennett.

Your leadership, this Committee's leadership is essential. We thank you for being concerned enough to join with us in this effort. We need your help.

Thank you, Senator.

Senator NUNN. Thank you very much, Mayor Robinson. I am delighted to have you here because you have been a real leader here, and I have to believe that every community in our State and every community in our nation is going to have to have the kind of comprehensive approach that you have adopted here in Macon. That does not mean, as you said, it is going to be easy or quick or that you can adopt this approach and all of a sudden you have no drug problem—far from it. But you have gone to war, you have mobi-

lized all your resources, you are doing everything you possibly can at the local level and I commend you for your efforts.

Are there gaps in this battle plan? Have you come up with any noticeable gaps that are going to have to be addressed?

Mr. ROBINSON. Senator, we have. That is one of the ways that strategic planning works, you put them all together and when you assemble, you try to discover what is missing. We have found that there is a group of young people that we have not been able to reach. City Council member, Dr. Whitley, who serves as a principal of an alternative school, pointed this out to me very vividly. We have a lot of young people who are not in school, they are not necessarily dis-enrolled, they simply do not attend school. They are out on the streets right where the drug activity is. We cannot reach them through education because they are not in school. We cannot reach them through a radio or television because they are not watching television.

We are beginning now to try to solve that problem. In fact, I asked Dr. Whitley, when he brought it up to me, to become a strategic champion. That is sort of how it works. If you find a gap, then we will make you a champion and develop a solution. We hope that we can find a solution. Obviously it is going to be difficult. We cannot do it through parents because the parents are neglecting these children, else they would be in school.

But we think that that is a very important part of the population that we have got to reach, those are the runners, those are the spotters. We have to get to those young people.

Senator NUNN. You have been observing this problem longer than you have been Mayor. I know you, of course, were a State legislator and you have been a community worker for a long time. How do you see the problem having changed in the last five years in Macon and Bibb County?

Mr. ROBINSON. I believe for a long time as a community we approached the drug problem as strictly a law enforcement effort, and supported our law enforcement, but really the whole community was not concerned. When crack cocaine was introduced into the formula, quickly we saw our community literally being destroyed from within. I think that substance—probably more than any other substance—has captured the attention of all of our community leaders. And probably would be the trigger that caused us to come together simply because, first of all it is not only habitual but it is easily obtainable and it has a devastating effect on the youth, and the resulting effect on the community is so overwhelming that all of our traditional means of combatting the problem were ineffective.

We normally just simply—the first fad that came along we would capture, we had one in education and one in treatment, because we did not know what to do. Now we understand that it is too big a problem to just try to take one little solution and apply to it. We are going to have to use a comprehensive approach.

Senator, to answer briefly, crack cocaine is the element that got everybody's attention.

Senator NUNN. Is that because it is cheap and readily available?

Mr. ROBINSON. Absolutely, Senator.

Senator NUNN. And also very addictive.

Mr. ROBINSON. It is addictive, it is—the effect that it has on the user—and the law enforcement can speak to this better than I can and the victims can speak to it even better than I can, but what we have is overwhelming desire to have crack cocaine. Someone who may have not committed a crime before or may have committed a few crimes before and is on the street will immediately go rob a store. We had a Baskins-Robbins ice cream store that was robbed by a regular customer, simply because they had to have drugs, went in and took the money out of the cash register oblivious to the fact that the people would recognize that person.

They lose total control, Senator.

Senator NUNN. How successful have you been in getting the business community and private sector involved in your fight here in Macon?

Mr. ROBINSON. We have an interesting problem, one that every mayor should have. And that is that our business community is so anxious to help, we are having to determine how best to use that help. They are willing to contribute man-hours, they are willing to contribute money, they are willing to take the risk of doing pre-employment testing. I believe that, depending on what the United States Supreme Court does, that eventually you will see random testing throughout, not just in law enforcement. I think as a community we are going to have to recognize that a greater governmental interest, a greater societal interest exists and some of our private rights that we cherish are going to have to be set aside. I think that is why we are using the war connotation. As an attorney, I understand the ramifications of all that, as you do, but the truth of the matter is that is where we are moving and that is where we are going to have to move.

Individual rights are very precious to members of the United States because our citizens cherish those rights. But by the same token, some of those rights are going to have to be set aside ever more gently but still set aside, if we are going to win this war.

Senator NUNN. What about getting parents involved? I know you mentioned that, but how do you do it here in your plan?

Mr. ROBINSON. One of the beauties of the plan is that we will attempt through—and we also have a program called Macon Safe that is part of this plan, that has a program directly involved with parents, but more importantly than that, through our neighborhood efforts and through our—what I call our pure community efforts; that is, where we first of all educate the parents that there is a problem and then secondly have them involved in supporting the drug-free youth group or other groups. We begin to see that—we will see that involvement.

There is a problem and I am not sure that we have found a solution. That is that a parent that neglects a child, no matter what we do in this effort, will continue to neglect that child. So it is difficult to turn around a parent because of drugs if they are neglecting the child to begin with. But I believe that if we continue to use this as a major push in this community, that you will see some other societal benefits. I think you will see parents becoming acutely aware that their neglect has contributed to that child's difficulty. I think you will be an abhorrence by society for that neglect and I think you will see a pulling back together of the family.

We cease to tolerate a lot of things, Senator, when we cease to tolerate drug use. We are beginning to say, for instance, that alcohol is not necessarily a good thing. We are saying, parents, perhaps you should be careful about drinking in front of your children. We are beginning to say parents, you need to be acutely aware that we have a societal problem and that it is not limited to the lower economic socio-level. We are beginning to say parents, we are finding children from all segments of our community driving through dealer areas trying to purchase drugs.

The first thing that has to happen, Senator, I think more than anything else, is that the community has to go ahead and admit that they have a problem, and not be ashamed of it, and begin to effect a solution. We did this with illiteracy in Macon, as you know, and we are doing it now with drugs. When you do that, a lot of peer pressure will continue to be brought.

But to answer the hard question, how do you get—immediately get a parent that is neglecting that child involved with that child, we do not have a solution to that.

Senator NUNN. What about churches, how much help are you getting from the churches and synagogues in the community?

Mr. ROBINSON. The youth directors are a major component of our drug-free youth group. We are using coaches from the schools and youth directors from the churches. The churches are providing—they will be providing transportation. The concept behind the drug-free youth group is to provide a support team for young people that say no to drugs. What we hear from the young people is that they have difficulty because they find their associates, their peers, using drugs and they are desperately looking for some folks that do not use it to be able to cling to and to associate with. They are there but we have never really identified them before.

So now we are saying not only is it okay to say no to drugs, but we want to emphasize the fact that that is the right thing to do, to award that decision and to support that decision. And by doing that, involving the churches, involving the schools, involving those people that young people already associate with—you know that most young people look up to the coaches, most young people look up to the youth directors in their church. So by bringing these people together and capitalizing on the fact that those kinds of folks already know how to work with young people, we are able to, I think, elevate a group of folks that says no to drugs above and beyond their peers. And that is what we are trying to do.

Senator NUNN. Mayor Robinson, thank you again for being here this morning. Thank you for being our host, you and the County Commissioners. We appreciate your leadership and we look forward to continuing to work with you, and I know you are going to be bringing to the attention of Director Bennett some of these matters, and as I mentioned to you earlier he has the Macon strategy plan in his hands, in his office, and I am sure it is going to be of help to him and his people in looking at models for cities around the country.

Mr. ROBINSON. Senator, thank you again for coming to Macon, Georgia and bringing your committee here. We are delighted to be able to host this hearing and feel honored as a center city of a vibrant Georgia district, that you would choose us.

Senator NUNN. Thank you very much.

Our first panel of witnesses this morning will testify on the impact of drugs in the workplace and the role a business can play in fighting drug abuse. Mr. Lee Saxon is the Director of Human Resources for Davidson Exterior Trim. Davidson is a subsidiary of Textron in Americus, Georgia. Mr. Rudy Hicks is the Personnel Director for Horton Homes in Eatonton, Georgia.

Within the last 2 years, both companies began testing employees for drug use and have initiated programs designed to keep drug abuse away from the work force.

We appreciate both of you being with us this morning and if you will come up, as we do all of our witnesses, I will ask you to take the oath before you take your chair.

Do you swear the testimony you give before the Subcommittee will be the truth, the whole truth and nothing but the truth?

Mr. SAXON. I do.

Mr. HICKS. I do.

Senator NUNN. Mr. Saxon, Mr. Hicks, we are delighted to have you here this morning. And Mr. Saxon, I think you are going to lead off this morning.

TESTIMONY OF LEE SAXON, DIRECTOR OF HUMAN RESOURCES, DAVIDSON EXTERIOR TRIM TEXTRON, AMERICUS, GA

Mr. SAXON. Mr. Chairman, my name is Lee Saxon, I am Director of Human Resources of Davidson Exterior Trim Textron, a major employer in Americus, Georgia.

I am pleased to speak to you today about the impact of drugs in rural America, particularly south Georgia, and specifically about the impact drugs have had on my company's employment and hiring policies and practices in recent years.

Davidson Exterior Trim is a division of Textron, a multi-industry company with operations in three business sectors: Aerospace Technology, Commercial Products and Financial Services. Davidson is in the automotive parts business. We sell exterior trim parts, mainly fascia or bumpers and moldings to the major American automotive manufacturers; Ford, General Motors and Chrysler. Our products are made out of a plastic material that undergoes a number of injection molding processes.

Davidson started production in Americus in 1976. Today we employ over 1,100 people, making us one of the largest employers in Sumter County. Employment at Davidson has jumped substantially in the past year. We have hired about 350 new people in 1988, due primarily to new contracts and business. Of our 1,100 employees, 850 are directly involved in manufacturing.

Davidson has been concerned over the rise in the use of drugs and other controlled substances in the workplace for a number of years. Through a variety of sources, we have had suspicions that some of our employees may have had drug problems. These problems generally evidence themselves through absenteeism, lateness and reduced productivity. In addition, we are very concerned that employees under the influence of drugs and alcohol could pose a substantial safety risk both to themselves and their fellow workers.

For these reasons, Davidson decided in January of 1988 to begin drug testing of all new hires who lived in the local area. During the first six months of drug testing, we noticed some very interesting trends. Overall, among male and female applicants between the ages of 18 and 35 who were tested, about 40 percent showed positive results. Most of those tested positive for crack cocaine. When we examined the data, our results showed that one in five black applicants tested positive while three in five white applicants showed indications of recent drug usage. These are frighteningly high percentages that might be expected in poorer urban areas of this country.

Senator NUNN. Sixty percent of your white applicants tested positive to cocaine?

Mr. SAXON. Yes, sir.

Senator NUNN. And 20 percent of the black?

Mr. SAXON. Yes, sir.

Senator NUNN. What was the overall percent—do you have an overall percent of the number of applicants?

Mr. SAXON. About 40 percent.

Senator NUNN. About 40 percent.

Mr. SAXON. Yes, sir.

We feel that our drug testing program has been an extremely important factor in helping Davidson move towards a drug free workplace for two reasons. First, drug testing allowed us to screen out prospective employees with possible drug problems. Second, after the initial six months of our drug screening program, we began to notice a shift in the trends. By the end of 1988, we discovered that only one in 15 job applicants failed the drug screening test. Obviously the word was out in the area that Davidson had a strict drug policy and that drug users need not apply. Since our employment jumped by almost 50 percent in 1988, the institution of this drug policy for new hires last year has given us a much greater comfort level regarding the level of drug use by our employees.

Of course, a drug screening program for new hires does not deal with the drug use problems of our present employees. In recognition of this, Davidson's parent company, Textron, has developed a new company-wide policy on drug abuse and controlled substances. In brief, it states that all of Textron's employees are prohibited from manufacturing, distributing, selling, possessing or using a controlled substance or illegal drug on company property, in company vehicles or while off the premises performing work for the company. A copy of Textron's Business Conduct Guidelines Policy on Drug Abuse and Controlled Substances is enclosed as an appendix to this statement.

From Davidson's viewpoint, this new policy has provided us with the authority to drug test our existing employees, particularly if we have reasonable cause to suspect that an employee has violated the Textron drug abuse policy guidelines. As of this time, we have not yet begun testing our employees, but will do so in the future.

Davidson also has an employee assistance program to deal with employees who either willingly come to their supervisors requesting assistance for their drug or alcohol problems, or who have been referred by their supervisors. Employees who are referred by their supervisors are those who have chronic absenteeism or lateness, or

who on occasion are incapable of functioning on the job due to their drug use. Davidson has two in-house nurses who work with both the employee and local drug groups to place the employee in a proper treatment program. Textron's medical plan will pay for up to a maximum of 90 days for employees who need drug treatment. This is not an inexpensive program since a 45-day treatment can run $7,000 to $10,000 for an employee or covered dependent. Davidson refers up to about 12 employees a year to drug assistance programs, which is about one percent of our work force.

Overall, while a drug screening and drug prevention program is an administrative and financial burden for any business, the reality of the world today requires us to ensure that we strive for a drug-free workplace. Particularly in a manufacturing facility like ours, employees who work under the influence of illegal drugs or alcohol endanger not only themselves but many of their fellow workers. This is a risk that a conscientious employer like Davidson will no longer accept.

Furthermore, in the automotive parts and components industry, quality is a critical factor. We cannot stay in business without making a high quality product. However, we cannot make a quality product if our employees regularly come to work under the influence of dangerous and illegal drugs.

Therefore, we at Davidson applaud your efforts, Senator Nunn, to highlight the problems of drug abuse in rural areas like Sumter County.

I would be more than happy to answer any questions that you might have.

Senator NUNN. Thank you very much, Mr. Saxon. That was very interesting testimony. What we will do is hear from Mr. Hicks and then come back with questions for both of you.

Mr. Hicks, we are delighted to have you here this morning. If you will pull that microphone up as close as possible.

TESTIMONY OF RUDY HICKS, PERSONNEL MANAGER, HORTON HOMES, EATONTON, GA

Mr. HICKS. Senator Nunn, my name is Rudy Hicks, I am Personnel Manager at Horton Homes, Inc., in Eatonton, Georgia. I want to say it is indeed both a privilege and a pleasure to be able to testify before you today on the problems of drug abuse in the workplace.

History records a sad cycle: The great civilizations—Greek, Roman, Spanish and Chinese—fell by their own inner weakness long before their military forces were defeated. And it is our belief that if the United States ever falls, it will be by our own hand. Not only the hand of those buying and selling the drugs, but also the hand of those who knew the problem existed, yet turned their backs and did nothing.

Horton Homes employs approximately 650 people in our modular and mobile home manufacturing plant. The town is small and the people are friends. This is not a story about statistics, this is what happened to my friends. In 1986, we realized that a few people had drug problems, we were getting a few DUIs. The company offered to assist anyone who asked in getting help, either on an out-patient

or in-patient basis to be determined by the physicians and counselors, at Oconee Alcohol and Drug Treatment Center in Milledgeville, Georgia. The company agreed to allow those who voluntarily admitted to having a drug problem and asked for help, to continue employment as long as they adhered to the instructions given them at the Center for the complete duration of the program, and remain drug free.

Unfortunately, that offer met with very limited success.

In September and October of 1988, in a further attempt to provide a safe and drug-free workplace, we began requiring pre-employment physicals and drug screen examinations on all potential employees and drug screen examinations before any Horton Homes-assisted payroll advance or loan approvals.

The reasons for those actions were as follows:

First. It became increasingly obvious to us with no drug screening policy on new applicants that we were hiring rejects from other larger companies who were drug testing.

Second. Employee loans and advances had reached alarming proportions. Employee loans had amounted to $200,000 a year. First, we were advancing their pay and charging no interest, but the loan volume increased so much that the payroll clerk could not keep up with it any more. We started co-signing with them at local banks, using their bi-annual profit-sharing bonus as security.

Senator, we pay good wages, and we were shocked at all the money problems that our employees were having. One employee's wife came to my office and asked if I would advance her husband $600 to get his air-conditioner and his television set and her car back from a drug dealer. He had swapped them all for $600 worth of cocaine.

In September, when we instituted drug screen exams for loans, we went from six to eight loans a day to none. We knew we had some serious problems. In a short period of time though the volume of loans began to increase again. They would clean up long enough to pass the test and get the loan. Drug users are very resourceful.

There were other indicators that the drug problem was rampant. There were more and more problems with the law, ranging from disorderly conduct, assault, domestic disturbances, theft, to violation of the Georgia Controlled Substances Act. Arrests meant time from work. This cost us and them. Assembly line work needs all of its workers all the time.

Absenteeism was increasing. Productivity was decreasing. Work quality was decreasing. The morale of other workers was being affected, they were complaining of having to carry the double load to make up for the inefficiency of the drug users. There were complaints that workers would do a great job in the morning and come back after lunch too spaced out to work. A family friend who worked on the line in the plant confided that he had seen someone actually snort cocaine while he was working.

Management was horrified. We use all types of power saws, nail guns, staple guns. People are on catwalks, trucks and forklifts moving in and out of our plant continuously. Working safely and being alert is a must.

A subcontracted laborer roofing a house "Chuck Berry-ed"—I think I might need to explain that a little bit, but if you remember

the rock and roll singer of the 1950s, he had a unique little jig—Ms. Wherry, I had to explain this to her on the telephone—I think probably most of us remember it. But he Chuck Berry-ed himself off a roof while playing an imaginary guitar. Counting a substantial cash settlement, medical bills plus the loss of wages insurance we had to pay while he was out, the total cost for this one case was in excess of $50,000. His co-workers reported that he had smoked a marijuana cigarette that morning. However, at this time, we were not drug testing when he went to the hospital.

We tried to convince ourselves that it was the subcontract help that had problems and not our people. But the evidence kept mounting.

Separations and divorces were increasing. Garnishments were pouring in for employees' unpaid bills.

You can see that we had plenty of indicators that drugs were in the plant. The good wages that we paid our people had made them targets for the drug pushers. Street talk called us "Snorton Homes".

By November of 1988, we were at our wits end. We had to do something to help our people. Every study we read on the subject said the same thing—drug abuse is a disease of denial. A man will lose all of his possessions, even his family, and still deny that he has a drug problem. But if he loses his job because of the drug problem he has to face the facts.

The plant management met with Oconee Alcohol and Drug Treatment Center people. They brought one of their patients, who just happened to be one of our former employees that testified:

> I would lay awake at night crying and praying to God that something would happen that would cause me to have to get help because I did not have the will power to get it on my own.

We decided to move. You cannot buy drugs with no money. On November 11, 1988, we gave everyone in the plant a letter announcing the company's intent to test for drugs. We had hoped the letter might scare them into quitting but we were still getting complaints from fellow workers that some people were using drugs at break and at lunch. We gave them ample time to quit and time for the drugs to clear their systems. We surprise-tested on December 12, 1988. The test itself was administered by a local doctor and the National Health Labs in Vienna, Virginia. Everyone was tested and all positives were confirmed by gas chromatography and mass spectrometry tests. It cost the plant approximately $22,000 for the actual tests. In time lost from production due to drug testing and later to the reduced work force, the cost was in the neighborhood of $250,000.

Counting training new people, some of whom we lost—and we are still not back to our original size—it cost in excess of a million dollars to do that one test.

Senator NUNN. Mr. Hicks, could I interrupt you to ask you, did you test everybody?

Mr. HICKS. Yes, sir.

Senator NUNN. That means you tested the employees as well as management?

Mr. HICKS. Yes, we started with management and then tested the hourly employees.

Senator NUNN. So you tested from the top to the bottom?

Mr. HICKS. Yes sir.

We tested for five drugs—amphetamines, PCP, marijuana, opiates and cocaine. Out of 650 tested, 87 came back positive, constituting 13 percent of our entire work force. They were terminated. Our lead caused several other businesses in the community and surrounding towns to drug test also. We have received letters from all over the country encouraging our stand against drugs. I would like to read from two of these.

Dear Mr. Horton: I read the Atlanta Constitution articles and saw the Atlanta television news reports regarding your problem with employees who use drugs. I write to commend you on taking effective action in remedying the problem.

It appears that you did everything that anyone could ever expect of a private employer on providing drug rehabilitation and treatment for your employees, prior to dismissal. Apparently your employees did not see their drug use as a problem, nor did they see the connection between drug use and mistake/accidents on the job.

We as State prosecutors do battle daily in the drug war. However, we are failing to make a dent in the drug proliferation problem and are failing to alter attitudes toward drugs. However, when private citizens and private employers become aware of the link between drugs and social problems and decide to take appropriate, effective action, then I feel our young people's attitudes may be altered.

Again, I commend your actions and wish you the best of luck in the future.

Another letter reads:

Dear Mr. Horton: The recent announcement of drug testing at Horton Homes and the subsequent dismissal of employees was surely a painful time for you. I know your employees are the highest paid, with the most benefits and the most job security in the mobile home industry. I know of times when you should have laid off several hundred workers for a day or two, but did not. These things tell me how you feel about your employees.

I wholeheartedly endorse and praise your decision to drug test. Drug abuse and addiction is at epidemic level in this country. The revelation that 13 percent of your work force in rural central Georgia tested positive for drugs terrifies me.

As a father, I am deeply concerned with the widespread use and acceptance of drugs. If it continues at this present pace, it will destroy our young people.

As a businessman, I fear for me and my employees. Armed robberies and burglaries that are drug-related are commonplace even in the smallest community.

As a citizen of the greatest nation on earth, I fear for our survival. A democracy cannot survive when one group decides that their needs outweigh the needs of society, and will stop at nothing to achieve this. The cornerstone of a free government is respect for and obedience to the law.

As a mobile home dealer purchasing and reselling Horton mobile homes, I applaud your decision. I have been selling Horton homes for eight years and for the past couple of years I have been seeing things that made me say "This is not like Horton. I cannot believe that Horton let this happen." In all probability, 13 percent was responsible for 100 percent of these problems.

I am sure you will now come under fire from several groups and directions. As Disraeli said, "It is much easier to be critical than to be correct." Those that will cry for personal liberty should remember that sometimes a personal sacrifice must be made to serve the needs of society.

I have sympathy and concern for the dismissed employees and their families. I would have the same concern and sympathy for the families without the dismissal, for addition to anything can destroy and cause terrible pain to a family.

Mr. Horton, you are 100 percent right. You are fighting the fight of the just, and God will richly bless you. I pray for you and all your employees during this difficult time.

From all indications, the surprise testing works.

We just retested on June 5 of this year, and only 16 came back positive. Five of these had been hired since January of 1989 and

two had gone through a rehabilitation program and rehired from the first firing.

We still have an open-door policy. If drug users come to us before being tested and found positive and ask for help, they are given a leave of absence if they need in-patient treatment, and they may return to their job. If out-patient therapy is recommended, they may continue to work as long as they stay in the program and remain drug free. You have before you a copy of our present drug-testing policy and procedure.

I would like to share with you a story about the golfer whose ball landed on an ant hill. He swung and missed and the club plowed through one side of the ant hill, maiming and killing several hundred ants. On his next swing, he duplicated the death and destruction on the other side of the ant hill. Still the ball remained untouched. Finally, one ant said to the others who remained, "Fellows, if we want to save our lives, we had better get on the ball." [Laughter.]

Senator NUNN. You are not talking about my game, are you, Mr. Hicks?

Mr. HICKS. No. This illustration came from my game, unfortunately.

We tried to hope a drug problem away for three years—it did not happen. We extended a helping hand, only a few took it.

The decision to terminate was not made by management alone, but by a group of 10 men, both management and hourly, one of which knew at the time he voted that his son would be one that would be leaving. He said to us all, "If this might help get my son back, then this is what I want to do."

Senator, I do not believe that the employers of this country can do all that must be done to eliminate the drug problems that affect us all; however, there are some things that we can do, and God help us if we do not do them.

Again, Senator Nunn, I would like to say thank you for allowing me to testify and this opportunity to share with you what we have been dealing with concerning drugs.

If you should have any questions, I would be happy to respond to them at this time.

Senator NUNN. Thank you very much, Mr. Hicks, Mr. Saxon, for very interesting testimony. I commend you for your leadership in this area and for your concern for your employees.

How many lawsuits have grown out of the actions you have taken? Mr. Saxon, have you had any lawsuits?

Mr. SAXON. No, sir, none at this time.

Senator NUNN. Mr. Hicks?

Mr. HICKS. No, sir.

Senator NUNN. Do you know of any other small businesses in your immediate location that have had similar policies that have had lawsuits?

Mr. SAXON. No, sir.

Mr. HICKS. No, sir.

Senator NUNN. Mr. Saxon, let me ask you this. How accurate are the test results when you have done your testing? Have you found cases where they were not accurate?

Mr. SAXON. No, sir, none at all. In fact, the procedure that we use, we actually freeze the second sample and we freeze it for a period of 10 years. And even those people that have come back and contested the fact that there should not be anything in their specimen and we retested the second sample, and again it proved positive again.

Senator NUNN. The people that are doing the testing, do you have a private company doing the testing? Who comes in and does it?

Mr. SAXON. We do it through the local hospital in Americus and then they send it to a national lab in Atlanta.

Senator NUNN. Do they tell you how long cocaine stays in the system?

Mr. SAXON. Yes, sir, and I should know it, but I do not.

Senator NUNN. Are you testing for cocaine as well as marijuana?

Mr. SAXON. Yes, sir.

Senator NUNN. And which is—you mentioned in your testing, I believe 60 percent of the white applicants and 20 percent of the black and 40 percent over, did you break that down between cocaine and marijuana?

Mr. SAXON. Yes, sir, it was 80 percent crack cocaine.

Senator NUNN. Eighty percent of it was crack cocaine?

Mr. SAXON. Yes, sir.

Senator NUNN. And the other 20 percent, was that marijuana or other forms of——

Mr. SAXON. Just marijuana.

Senator NUNN. Eighty percent of it was crack cocaine?

Mr. SAXON. Yes, sir.

Senator NUNN. Mr. Hicks, have you had any tests that proved to be inaccurate?

Mr. HICKS. No, we have not.

Senator NUNN. And how about the breakdown on yours between marijuana and cocaine?

Mr. HICKS. About 80 percent cocaine.

Senator NUNN. About 80 percent.

Mr. HICKS. In the drug testing of June 5, of the now 16 people, every one of them have been cocaine.

Senator NUNN. Mr. Hicks, what about the people who are not the problem; people who have not tested positive. What is their attitude toward these random tests?

Mr. HICKS. It has been very, very positive, it—excuse me, let me rephrase that—it has been very encouraging. [Laughter.]

They are very supportive of drug testing, they see the danger of working alongside of a person who is high on cocaine or marijuana. They have seen what it does and they are very, very supportive.

Senator NUNN. Mr. Saxon, what about people that work in your plant?

Mr. SAXON. Same results, very positive, most people accept it as just part of today's working world with us, and the hard part with me is since we do test all new hires, even the people that will not acknowledge the fact that they have a problem say "yeah, I will submit to the test," knowing all along that they are under the influence of it. Obviously that is additional dollars for us. It would be a lot easier if they could 'fess up and say "hey, I cannot pass the

drug test, so I will not even go down and try." We have even had cases where they would—the hospital requires them to show proof of identification and they would bring someone else's driver's license with them, and in other cases have other people take the test for them or try to take the test. So it is very similar to alcoholism where they deny the fact that they have got a problem.

Senator NUNN. Have you gone to random testing of existing employees or are you simply conducting the pre-employment screening?

Mr. SAXON. Right now we are just pre-employment, but within the next month we will be testing all employees for reasonable cause.

Senator NUNN. For reasonable cause?

Mr. SAXON. Yes, sir.

Senator NUNN. Do you have a labor union?

Mr. SAXON. No, sir, we do not.

Senator NUNN. Do you, Mr. Hicks?

Mr. HICKS. No, sir.

Senator NUNN. Have you had a representative group of employees that you have discussed this with, Mr. Saxon?

Mr. SAXON. Yes, sir, we have.

Senator NUNN. And how do they feel about going to random testing?

Mr. SAXON. Very positive.

Senator NUNN. Do they insist on it being done only for probable cause or is that a step-by-step approach?

Mr. SAXON. Reasonable cause.

Senator NUNN. Reasonable cause.

Mr. SAXON. Yes, sir.

Senator NUNN. You are not going to get into the legal terms then.

Mr. SAXON. No, sir, you all use probable, we use reasonable.

Senator NUNN. I think you are wise in that respect.

Mr. SAXON. The employee committee that we have with this has been very supportive of it and have really actually approached us with it more than we did with them.

Senator NUNN. Mr. Hicks, how about you, your employees. You said you had 10 people on your committee I believe.

Mr. HICKS. Yes, sir.

Senator NUNN. How many of those were employees and how many were management?

Mr. HICKS. There is one hourly employee, and nine management.

Senator NUNN. Mr. Hicks, what happens if an employee disputes a test result, do you have any kind of procedure where they can contest the results?

Mr. HICKS. The only thing we have been faced with so far is unemployment compensation. And we have had one, he was awarded unemployment compensation, then we appealed, he won the appeal, we went to the Board of Review in Atlanta and the Board of Review overturned the appeals officer's determination. Other than that we have had none.

Senator NUNN. What was the workmen's comp claim for? Was that for being injured?

Mr. HICKS. Yes, sir.

Senator NUNN. Connected with drugs?

Mr. HICKS. You mean that I made earlier in my statement?

Senator NUNN. No, you just said that they——

Mr. HICKS. Unemployment compensation.

Senator NUNN. Oh, I thought you said workmen's compensation. You said unemployment, I am sorry, I misunderstood.

So you finally won on that one?

Mr. HICKS. We finally won on it. We were prepared to go to our next level, which would be our superior court. We had, you know, just undeniable evidence and testimony of people, I could have subpoenaed people to testify, I did not want to do that unless it became absolutely necessary, but we were determined that we were not going to let this go by.

Senator NUNN. Mr. Hicks, do you or Mr. Saxon have any suggestions for government, particularly the federal government, based on your experience in this area or other areas? Is there anything the government should do in this respect? Do you think we ought to have government mandated tests, do you think we ought to leave it up to private business, what is your general idea on this?

Mr. SAXON. I would like to suggest that you do not tie our hands with any kind of legislation, realizing that I am from the conservative part of the world here.

Senator NUNN. In other words, let you alone.

Mr. SAXON. Yes, sir. [Laughter.]

Senator NUNN. Mr. Hicks?

Mr. HICKS. Senator Nunn, that is our feelings to a T. We appreciate the support that we have. Do not help us out by giving us too many regulations and red tape. Just basically what you said, just leave us alone. We have our employees' well-being as well as our company's well-being in mind and at heart. We are committed to this, it is not a cheap thing, it is very costly for us and for our employees, but we are looking at it from the end result and we believe that if we continue until somebody comes along with something better, that we will have some good positive results on out there somewhere in the future.

Senator NUNN. How much do these tests cost, Mr. Hicks? How much do you figure it costs—not counting all the indirect costs about termination and retraining and all of that, but just the direct costs of tests?

Mr. HICKS. Well to test our 650 people—and it is more if you have positives, they have to go back and retest with that more extensive test. It cost us $22,000 to test the first time, 650.

Senator NUNN. How much does that figure out per test approximately?

Mr. HICKS. The initial test is about $20 a test.

Senator NUNN. And who did yours for you?

Mr. HICKS. National Health Laboratories in Virginia.

Senator NUNN. Is that a private company or is that a government agency?

Mr. HICKS. It is a private company.

Senator NUNN. Private company. Mr. Saxon, how about your experience on cost?

Mr. SAXON. Ours is just a little bit higher, ours is $22 per test. Then if it tests positive, then obviously it is an additional charge.

Senator NUNN. Are these tests known in the community, for instance, Eatonton or Americus, does the community know what you are doing and if so, has there been a community reaction?

Mr. HICKS. Senator Nunn, it has been overwhelmingly positive. People have called, they have written letters, they have supported, they say we are behind you, we need to do something, applauded our taking the initiative and the lead toward getting our community cleaned up.

Senator NUNN. Mr. Saxon, what about Americus?

Mr. SAXON. In Americus, we met with all of the leaders such as the mayor and the city council and the county government people to inform them that this was our policy, and again got very positive results from it.

Senator NUNN. I want to thank both of you for being here today. This is very interesting testimony. I have learned a lot in reading your testimony and hearing you here this morning, and I find what you have done to be certainly, as I view it, in the long-term best interest of both your company and the employees who work for you. So I think this kind of testimony will be very helpful to us in Washington in deciding—because I am sure we will have controversies as this matter moves along and more companies test.

Interestingly enough, in the drug bill last year, there was a strong mandate from the Congress to companies that do business with the federal government, defense companies and others, that they should take strong steps to develop a drug-free workplace. So the mandate is in the direction, not necessarily of testing, but at least of trying to clean up the problems out there.

I think your testimony this morning has made it very vivid, particularly about the imaginary guitar on the roof, as to how dangerous this situation can be, not only to the direct employee who is using drugs but also to the entire work force.

Mr. HICKS. Yes, sir.

Senator NUNN. I am sure that other workers are exposed to this every day when there are drug abusers in the work force.

Thank you Mr. Saxon, Mr. Hicks, we appreciate you being here.

Mr. SAXON. Thank you.

Senator NUNN. Our next panel are various members from the law enforcement community; Mr. Robby Hamrick, as I am sure most people here know, is the Director of the Georgia Bureau of Investigation. Mr. Hamrick will give an overview of the rural crime problem in Georgia and will tell us about the strain that drug activity is placing on our criminal justice system in rural areas.

Mr. John Perry is the Chief of Police from Thomasville, Georgia and the President of the Georgia Chiefs of Police Association. Mr. Perry is accompanied by Mr. Jim Brooks, Macon's Chief of Police—and I want to say to Chief Brooks we appreciate very much your very strong support in helping us arrange these hearings.

We also have with us Sheriff Randy Chester from Dawson County, Georgia, who is representing the Georgia Sheriffs' Association. Sheriff Chester is accompanied by Sheriff Ray Wilkes from Bibb County. And Ray, we appreciate your very strong support setting up this hearing. Not only that, but your strong cooperation over the years in dealing with this problem. I think you and I have

probably talked about it for at least five years and perhaps ten years.

I hope we will be able to gain an insight from this panel as to your sense of what is happening in the rural areas of Georgia, what law enforcement is doing and what the federal government can do to help you.

I ask all of you to hold up your right hand and take the oath.

Do you swear the testimony you give before the Subcommittee will be the truth, the whole truth and nothing but the truth?

Mr. HAMRICK. I do.

Mr. PERRY. I do.

Mr. BROOKS. I do.

Mr. CHESTER. I do.

Mr. WILKES. I do.

Senator NUNN. Also, I saw in the audience a member of the State Patrol from down in my home town of Perry, Mr. David Brack, here who has been very, very vigorous in his pursuit of drug traffickers on the highways. Mr. Brack, we are glad to have you here. We also know that our State Patrol, Department of Public Safety, do a great deal in this area and in many cases they are exposed to risks in making arrests out there on the highways, so we appreciate you being here today and I hope you express our appreciation to your colleagues all over the State.

Director Hamrick, we are delighted to see you again. Thank you for your cooperation and we look forward to hearing from you.

TESTIMONY OF J. ROBERT HAMRICK, DIRECTOR, GEORGIA BUREAU OF INVESTIGATION

Mr. HAMRICK. Thank you, Senator. I would like to thank you and your Committee for holding these hearings and giving me the opportunity to testify on rural crime in Georgia from my perspective as Director of Georgia Bureau of Investigation. The GBI is a statewide law enforcement agency with the primary purpose of providing assistance and support to local agencies in the areas of general investigations, drug enforcement, forensic science and criminal justice information systems and crime statistics.

Although the GBI has helped plan for and has participated in many highly publicized events such as the civil rights marches in Forsyth County in 1988 and the 1988 Democratic National Convention, no mission we have is more important than providing criminal investigative support to criminal justice agencies in the rural areas of our State. Much of the GBI's work involves assisting local law enforcement agencies in the 121 of the 159 counties in Georgia that are, by definition, rural and make up just over 35 percent of the State's population.

While the 1988 crime rate for major or index crimes in Georgia's metropolitan areas is twice as high as in our rural areas, the 5-year trend from 1984 through 1988 indicates that eight of the nine index crimes have risen at a higher rate in our rural areas than in the metropolitan areas. The only exception is murder. The most significant increases for the rural areas in index crimes reported during this period are for robberies, which increased approximately 146

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percent; larcenies, 44 percent; motor vehicle thefts, 99 percent and rapes, 16 percent.

We cannot say with any degree of certainty if there is any single cause for these sizable increases, but we are operating on the belief that the increase in illegal drug activity in rural Georgia is a major factor. The GBI is in a better position than most State law enforcement agencies to assess the drug problem in the rural areas due to our unique service to local agencies through our Local Violators Squad Program, which is part of the GBI's Drug Enforcement Section. Since it began operation 15 years ago, LVS has provided undercover narcotics agents to assist local police in rural areas in identifying street level drug dealers, buying drugs from them and presenting prosecutable drug sales cases to prosecutors and grand juries throughout the State. It is the only program of its kind that I am aware of in the southeast and possibly in the country, and has enhanced the ability of the GBI to keep up with trends in illegal drug activity in rural communities of our State.

Think for a minute about the following scenarios:

Drug dealers openly sitting in chairs or standing on street corners waiting for buyers to come by.

Gang related violence involving turf protection.

People having to sleep on the floors of their homes to keep from getting shot by stray bullets from gang shootings.

Undercover agents having cocked guns held to their heads as they make drug buys.

Seizures from drug dealers of AK-47s, sawed-off shotguns, 9 millimeter semi-automatic pistols and other powerful, assault-type weapons.

Ten year old boys used as look-outs to warn dealers of approaching police.

These scenarios actually occurred, but not in the housing projects of big cities. They happened and are happening today in rural communities in this State.

In the past 2 years, we have witnessed a major change in rural Georgia's drug enforcement problem that is beginning to change the quality of life for many in our rural areas. What we have learned through the Local Violators Squad Program is that the main reason for this change is the phenomenal increase in drug activity that is a direct result of the availability of the highly addictive and affordable crack cocaine. Crack can be purchased in any community in any area in the State of Georgia.

The recent upsurge in crack in rural areas is astounding. In 1987, when crack first appeared in significant amounts, LVS operations in 77 rural counties made 183 crack and 243 powdered cocaine cases. So far this year, LVS operations in 51 rural counties have made 381 crack cases and 49 involving powdered cocaine, almost double the number of crack cases made during the entire year of 1987.

We have found in reviewing these statistics that in some of these counties, efforts by LVS prior to 1987 failed to make any type of drug case at all. Follow-up operations in those counties found crack being sold by street level dealers. Instead of the drug activity progressing from marijuana to powdered cocaine to crack, as far as we

can determine, crack was the first and is the only illegal drug activity of any significance in a number of these counties.

We are now seeing the emergence of gang related activities and escalating violence centered around the sale of crack. Most of this activity is due to the desire of the street level dealers and their suppliers to protect their turf where drug deals are made to prevent other dealers from taking over customers and cutting into their profits. Because of the emerging gang activity, we have seen the need to develop special operations which are currently under way to address the problem of gangs in rural areas.

With the increased Federal efforts in Florida in drug enforcement has come an increase in drug smuggling into our rural areas as well as an enormous crime displacement from Florida into Georgia. Drug dealers have saturated their markets in the cities and have moved to the country seeking new areas to ply their illicit trade. In addition, they are targeting 12- to 18-year olds for their potential as life-long addicts.

The GBI, through four Regional Drug Enforcement Offices, continues to uncover and pursue major drug dealers operating in the rural communities. These are long-term, complicated investigations that usually result in seizures or buys of multi-kilo amounts of cocaine. The problem we face in these investigations is due to the greater availability of cocaine, the drug dealers demand that increased amounts of drugs be purchased. This means that our limited funds for evidence purchasing restricts us in the number of cases we can make against the major dealers. This problem also exists at the street level where our Local Violators Squad narcotics agents are experiencing the pressure from dealers to buy larger quantities of drugs.

Another program that the GBI is involved in is the Governor's Task Force on Marijuana Eradication whose function is to locate by aerial surveillance and destroy domestically cultivated marijuana plants which are grown primarily in the rural counties. This Task Force, comprised of six State agencies—the State Patrol, Department of Natural Resources, the National Guard, the Forestry Commission, the Department of Transportation, the GBI—and local law enforcement is funded by the Drug Enforcement Administration and the U.S. Forest Service and operates during the growing season. During 1988, the Task Force destroyed 60,941 plants worth $73.6 million and made 44 arrests. In two months of operation this year, they have destroyed 10,881 plants on 118 sites and made 24 arrests.

The success of this Task Force which was begun in 1984, has led growers to change their strategy and plant smaller plots of marijuana as well as use other methods to avoid detection by air such as moving indoors to converted chicken houses.

The demands on law enforcement in Georgia due to the drug problem are considerable. The GBI and local agencies do not have the necessary funds or undercover agents to buy the crack and other drugs that are so openly sold and available in the rural areas. In addition, funding and personnel shortages make it difficult to cover effectively the hundreds of miles of Georgia coastline, the numerous rural air strips or the thousands of cars traveling

into the State on the interstate highway systems that are the primary ways of smuggling drugs into our State.

Those that we do arrest are back on the streets selling again in a short time. Drug dealers today are smarter, cockier, better armed and more violent. The comfort zone for undercover agents buying drugs has narrowed due to the increased tendency of dealers to use violence. Recently, one of our undercover agents was surrounded by eight men, four of whom were armed, after the dealer he was attempting to buy from thought he recognized the agent as being a police officer. Fortunately the agent was able to talk his way out of this predicament safely, but this situation is not uncommon.

With all these problems, we cannot give up our goal of reducing the supply of drugs in Georgia. We must remember that this problem is not just an urban one as most people tend to think, but is a major one for many of our rural counties. We cannot let drugs gain a foothold in these communities like it has in some areas of cities. Most drug programs and enforcement efforts have been designed for addressing this problem in the urban areas, ignoring, for the most part, the rural communities. It is important for all of us to be aware that drugs are changing the quality of life in rural areas and are splitting the strong family unit that has always been a tradition of small communities. We share in this problem and we must all share in the solution.

Again, I would like to thank you for allowing us to be here and testify and thank you for coming down for this hearing.

Senator NUNN. Thank you very much, Director Hamrick. We appreciate your leadership and thank you for your testimony here this morning.

Chief Perry, you are here representing your counterparts around the whole State and you are also on the firing line in your home county, Thomas County. We are delighted to have you and we will hear from you now.

TESTIMONY OF JOHN W. PERRY, CHIEF OF POLICE, THOMASVILLE, GA, PRESIDENT, GEORGIA ASSOCIATION OF CHIEFS OF POLICE

Mr. PERRY. Thank you, Senator.

I am John Perry, I am Chief of Police of Thomasville, Georgia. I am also the President of the Georgia Association of Chiefs of Police with well over 600 members, 350 of whom are Chiefs of Police.

I appreciate the opportunity to appear before you today to talk to you concerning our nation's, our State's and our communities' major problem—that is drugs and its related crimes.

Before I get into my presentation, I would like to express my personal and professional gratitude to you, Senator Nunn, for holding these hearings and also for sending your investigators across our Nation, seeking input from those of us that are faced daily with the drug crisis that permeates our communities.

If we are ever able to recover, we must start at our own doorsteps. It is well for the Federal Government to continue its interdiction efforts, but more and better organized efforts should be started in our own communities, with help from Washington.

Picture a normal American neighborhood where everyone speaks to each other, front porches adorned with plants, the people smile and exchange waves from their porch swings to passersby. Yards are clean and neat. Children play by the edge of the street oblivious to all evil. People, old and young alike, walk freely about.

Now inject drugs into this same scenario and you find rundown houses with overgrown yards, strewn with litter, bent metal cans charred by drug use, spent matches and match boxes, butane lighters every few feet. Cocaine junkies walking around and around the block eager to make any deal or take off anyone to get a hit of crack. No children out playing. Quick in and out movements of older folks to get their mail or to run to and from their cars to do errands, afraid to answer their door. A once thriving area called home by many, now is a devastated wasteland. Citizens literally afraid for their lives.

Many areas are simply condemned and bulldozed by the government, but this only cures one symptom. The cancer moves and thrives, festering and bursting out elsewhere, destroying a good neighborhood and creating a new wasteland.

Therein lies the fear and the reality of small city drug problems. The loss of more than just the lives of the users, but the loss of the lifestyle of an entire city.

The problems confronting law enforcement and the government of America are myriad. None, however, have received more negative publicity or public concern than those problems surrounding illegal drugs and their abuse in our society.

Of course, large cities and exotic South American countries are always the most newsworthy when the topic of drugs comes up, but perhaps nowhere is more damage being done, or the lifestyle deteriorating at such a rate as it is in middle America, our home towns.

It is natural, almost common, to associate drug addiction and the ever present increase in crime associated with it, with large metropolitan areas. But in the last 2 years, small communities have been sent reeling by the impact of the blow dealt by crack cocaine addicts and the sellers. Law enforcement has been left scrambling for an enforcement tactic to combat this crime but find themselves under-equipped and under-staffed to handle the influx of crack cocaine related crimes.

The biggest detriment to controlling drugs is the vast amount of money being made by those involved in selling them. My daddy, a salesman, always told me that if I wanted to make big money, then get into selling. Oh how true that is, especially if you are selling an item that is in great demand. The amount of money to be made is endless. So what if it is illegal, a few months in prison is just an added cost of doing business.

As President of the Georgia Association of Chiefs of Police, I represent over 300 chiefs of police in the State of Georgia. Approximately 80 percent of them work in departments with ten or less employees. I have held many discussions with them concerning drugs and they all have the same problem; too few police officers, not enough money budgeted to conduct proper investigations, citizen attitudes of "if it does not involve me, then it is your problem, not mine" or "if the police were to do their jobs, then we would not

have to have such a big problem" or the widespread belief that drugs are simply a police problem. It is not just a police problem, it is a social problem that will require everyone becoming involved from Washington, D.C. to Attapulgus, Georgia.

Senator, your staff indicated to me that you were interested in how you may help us as well as what the federal effort should be. Allow me please to get to that point.

We need a long-term approach to interface with our immediate efforts. We have placed our most vigorous efforts towards the supply side for years. Little, if any, efforts have been targeted towards the demand side. Oh, sure, we have had the "treat the addicts" programs, which must continue and must be enlarged, and sporadic, widespread and uncoordinated drug information programs for our children in all kinds of settings. We must start immediately a well-planned, coordinated, long-term effort of education for our children, while at the same time continuing our efforts toward the supply side.

The Federal Government should pass legislation authorizing payment of money to those States having in place a "Safe School Act", such as now in the State of Florida.

Federal money should be available to those statewide school systems making drug education a part of their regular curriculum which would include programs like DARE and the School Resource Officers. Properly educating our children to the dangers of drug use and its resulting problems should be a high priority nationwide.

Money should be made available to local governments, cities and counties to purchase undercover surveillance equipment. This equipment should be readily available in no larger area than each judicial district. We now have some of this equipment, but you must make application and then wait your turn because it is used statewide. The area covered must be reduced and access made easier. Local governments cannot afford such high priced state of the art equipment now needed for surveillance and photography.

I know that we had some problems back in the LEAA days of buying such equipment, but Thomasville could never have afforded to purchase the radio system that we now enjoy without this assistance. We need help again. But do not bog us down with red tape. Allow easy access to the funds and to the equipment.

It is good to catch these criminals, but we must have a place to put them after they are convicted. Our judges, who do a great job now, are being forced to release second and third convicted drug dealers to house arrest pending their incarceration for a mere 3 to 6 months in prison before being released back to our community to sell more drugs to our kids. This sends a message to our children, as well as the criminal element, and that message is that crime indeed pays. We need to help build more places to keep these criminals. A sentence of ten years should be just that, not a mere 6 to 9 months because they must be released to make room for all those others waiting to pull their few months for selling drugs, burglary or theft. High security prisons are not what I am advocating, but rather work camps and low security correctional institutions.

We can and do catch them, but we desperately need a place to keep them.

To sum it up, Senator, we need help to pay for proven programs in our schools. We need a long-term commitment to properly educate our children to the danger of drug abuse. They are our future. It has taken many years to get where we are today and it will take years to get out of the situation and change attitudes in our next generation.

We need immediate help to purchase locally proper equipment for drug investigations and to pay overtime that is now required by federal law to our officers. Small communities cannot afford to properly equip or pay their officers.

We need immediate help in funding new and improving existing low security correctional facilities.

We need to continue our efforts on interdiction but enlarge the Coast Guard sufficiently to guard our borders properly. Keep up the pressure, nationwide and worldwide, as is now being done.

Senator Nunn, we do need help. Our Nation, our State and our communities are being overrun by criminals. With the proper help we can live without fear of drug-related crimes, we can regain the enjoyable lifestyles now list, we can make a difference if given the support that we need. But we need to send the proper message to those willing to violate our laws. That message, nationwide should be simply that we want our communities back. Crime does not pay, and you must go to jail to stay.

Thank you.

Senator NUNN. Thank you very much, Chief Perry.

Chief Brooks, I know you do not have a prepared statement this morning and we will be asking questions that you can participate in, but if you would like to add anything at this point, we will be glad to hear from you.

TESTIMONY OF JIM BROOKS, POLICE CHIEF, MACON, GA

Mr. BROOKS. There are a few things that I would like to add at this point. I am sure that there will be opportunity to give you some input later on as to how we feel.

The number one thing that I would like to say is that as we look back over history, in 1983 in the Macon Police Department, we made 23 drug arrests. In 1989, last month, we arrested 121 people. There must be an effort for education, treatment and law enforcement to work simultaneously and systematically to eradicate this plague that is on our community.

We have attempted to use every kind of conceivable tactic in our community and we are having some effect, but at some point our community cannot continue to direct 23 to 26 percent of its tax dollars to the enforcement activities of the Macon Police Department. That is the kind of commitment that we have locally. I hope that that commitment will permeate the State and Federal governments.

A look at our reverse buy program, when we go out and we arrest the individual sitting on the side of the road and we take his dope and we put an officer who is an undercover officer for the Macon Police Department, we resell that dope to individuals who are driving through our communities. All of this is done under the eye of all kinds of surveillance cameras and additional officers to

ensure that that dope does not get out of our hands. We immediately arrest those individuals and subsequently we condemn their vehicles.

We went out for 2 hours and worked a case like this. We arrested 10 people, we took 6 cars. It took us 2½ days to do the paperwork from that 2 hours of activities. It is worthwhile, it gets some people's attention. But we could do this every day and some of your staff members have ridden with us in the Macon Police Department, and when one area was cooled off, we would go hit another area, and it was wherever we wanted to go that night to introduce them to the problems that are in our community. I think that they will attest to the fact that there was nothing staged by what we did. We had an informer in the vehicle with us who was wearing a wire. This—they listened to the conversation that went on inside a crack house here in Macon, Georgia.

We focus by using our officers, the patrol officers in the Patrol Division doing road blocks, and it was real effective for awhile. They learned where our parameters were about establishing probable cause and so forth. We have now taught each officer in the Macon Police Department how to look for drugs on every traffic stop, and recently we had a fire and I was out about 1 o'clock in the morning. I heard a sergeant call his men together and he cleared one of our extra operating channels in the Macon Police Department on our radio and the five of them went into a drug area and the five of them in less than 10 minutes had arrested four people for selling crack cocaine at 1 o'clock in the morning. It is an area that we go to frequently. But to have that patrol officer identify this as a major priority clearly is a landmark in the Macon Police Department. They understand the problem. It is no longer the obligation of the Intelligence Unit or the joint Macon/Bibb County Drug Unit or the Georgia Bureau of Investigation or DEA or any of the other agencies. It goes right down to the very patrol officer, that is his responsibility.

If we look at a very recent shooting that we had in our city where the individual's head was blown apart literally, in a drug deal.

These are the kinds of problems that are not affecting just New York City, they are affecting Macon, Georgia and Thomasville and Perry and all in between. And the only thing that I can say is that the number of occurrences in small rural Georgia may be different than those in Macon, but the problem is exactly the same.

I would like to tell you that I appreciate you sending your staff members in here, you taking your time to come down here and be a government leader who is taking the opportunity to listen to us.

Senator NUNN. Thank you very much, Chief Brooks. On the question of paperwork, you went out 2 hours and you made several arrests and you had to do 2½ days of paperwork, is that paperwork that flows from the Federal level, the State level, the judicial process, is it related to court requirements? Where does the paperwork burden come from?

Mr. BROOKS. As you are well aware, sir, until the paperwork is done, it is simply not a done job. We have prosecuted all these cases through our local state court system, our District Attorney's Office has assisted us in every way that they possibly can, but

there are certain rules of evidence that must be adhered to. How that evidence is processed in——

Senator NUNN. That is preparing for the court case?

Mr. BROOKS. Exactly right.

Senator NUNN. And the confiscation?

Mr. BROOKS. And the confiscation, yes, sir.

Maybe the most interesting this is, sir, that we went out and served a search warrant, arrested the guy for five counts of distribution of cocaine. Before we got through serving the search warrant he was back at the scene after having been arrested and released and was back there while we were completing the search warrant.

We have got to have a place to put them if we are going to continue to arrest them.

Senator NUNN. Thank you very much, Chief Brooks.

Sheriff Chester, we are delighted to have you here representing your own county and your own expertise and also the Sheriffs' Association of Georgia. We thank you for being here and we look forward to hearing from you.

TESTIMONY OF RANDY CHESTER, SHERIFF, DAWSON COUNTY, GA, REPRESENTING THE GEORGIA SHERIFFS' ASSOCIATION

Mr. CHESTER. Thank you, Senator Nunn.

I would like to say that I represent a very, very rural area of north Georgia, Dawson County, and I represent the Georgia Sheriffs' Association here this morning too. We thank you and this Committee, thank your staff for what they are doing and we thank you for your efforts in trying to help us in our very serious problem we have throughout the State of Georgia.

On behalf of the Georgia Sheriffs' Association, I appreciate the opportunity to come before you to discuss issues that face sheriffs all over this state.

Jail over-crowding is recognized as our number one problem. Our latest figures show that 83 of Georgia's 149 jails are over-capacity. This figure does not include jails presently at 100 percent or jails that would exceed 100 percent if not for the boarding out of inmates.

Today we have over 14,000 inmates in the local jails designed to house 11,000, 26 percent of these are State inmates that should have already gone into the State system.

As you know, it is not a new problem. But we must find new answers because the old answers have not been working.

In my opinion, 80 percent of these inmates housed in rural jails are there because of drugs. Whether it be alcohol related crimes or some type of theft or fraud in order for an addict to get money to buy his drug of choice.

In our rural areas crack cocaine has begun to run rampant. Three years ago it was unheard of and today it is the quick and cheap thrill of the rural drug user. Also, where dealers used to grow marijuana, today they are bringing clandestine labs into the unpopulated areas.

The tactics of these drug traffickers, dealers and users are changing daily and law enforcement must have the knowledge and resources to change with them.

Senator NUNN. What kind of labs, Sheriff Chester, are you talking about—laboratories?

Mr. CHESTER. We are talking about meth-amphetamine labs. They are producing what we call crank, not crack but crank, it is a meth-amphetamine powder, it is a Schedule II drug.

Senator NUNN. They are doing that in the rural areas?

Mr. CHESTER. Yes, they are.

Senator NUNN. You have found some in your area?

Mr. CHESTER. Yes, I have. That is probably—in our north Georgia county, 80 percent of my drug in our county.

Senator NUNN. Is crank laboratories?

Mr. CHESTER. Right.

Senator NUNN. Thank you.

Mr. CHESTER. Stopping drugs at the local level is a job for local law enforcement but assistance is needed through financial and logistical support from the Federal Government. Both of these areas are too great for the local taxpayers to bear if we are to put a stop to drugs.

The money provided for the multi-jurisdictional drug task forces has proven to be invaluable. This money cannot stop. Once a task force is set up and operational, we need continued support that has already been provided. Today, we are guaranteed 3 year funding, it takes one year to get operational and then it is difficult to hire good, qualified officers for a two-year job. We need the assurance that once these programs become successful, and they are successful, the funding will not stop.

Also, local officers need the best training possible in order to be able to work with State and Federal law enforcement agencies. Local officers need as much access to the same training provided to the federal officers who fight drugs.

Another area of assistance that the Federal Government can provide is in the prosecution of drug cases. A local jurisdiction cannot afford to prosecute major drug dealers. The Federal Government also has prisons that are not as over-crowded as local jails and State facilities. Therefore, this type criminal can be stiffer sentenced and we can be assured that they serve more time.

The final area that we all need to work on is the education and treatment. Education needs to begin as early as possible, parents need to be educated as soon as a child enters into a public school system and their education about the harmful effects of drugs should begin.

Treatment is another area in which we are lacking. Publicly funded hospitals that are designed to help abusers are over-crowded and their treatment is not long enough. Most drug abusers who do want help cannot afford a private hospital. We need to begin now finding ways to expand our treatment facilities. Right now we need our jail space for the drug dealer, not the abuser. These people need help and treatment.

Once again, on behalf of the Georgia Sheriffs' Association, I appreciate the opportunity to share some of our views. Our only hope is that some good does come out of this meeting and that we can

find solutions and resources that will put an end to the problem of drugs in Georgia and the United States.

Thank you.

Senator NUNN. Thank you, Sheriff Chester.

Sheriff Wilkes, we appreciate you being here this morning. Again, I know you do not have a prepared statement, but you always have some words of wisdom, and we know that you are willing to share them this morning and we appreciate you being here.

TESTIMONY OF RAY WILKES, SHERIFF, BIBB COUNTY, GA

Mr. WILKES. Thank you very much, Senator Nunn. I think you made mention as to how long we have been talking about this. It seems like we started in a civic club trying to stop the Byron Pop Festival in the early 1970s, and it has not stopped since then.

First of all, I am grateful that you came back to Macon to hear us because it is very seldom that local people have an opportunity to talk to our government leaders from this level and in such Committee hearings.

In this area, law enforcement cooperates. In the old days, you had the Chief of Police and Sheriff that may not even speak to each other. That is not the case, and I think that is probably one of the thing that has eradicated from the scene, is the lack of cooperation, because all agencies know now they have got to, they either swim together or they will sink.

Recently, a town of our size with a medium sized Sheriff's Department and Police Department were affected in arresting three Panamanians who was placed in our jail with the cooperation of DEA conspiring to bring in some 600 kilos of cocaine per month. One of them has made an $8 million bond by putting up $3 million in cash. Two of those three people have been in government posts, one of them as an ambassador. So we feel like that when we are from a small town, we have hit pretty hard to be able to hit three people, two of them having been in government posts of a foreign country.

The peer pressure of our young people is tremendous. I think the greatest fear our young people have is rejection of their own peers. And because of that, they are immediate targets for people who use drugs. Recently one of our officers working off duty in a Kroger store arrested a young black male about 17 years of age who had $25 worth of ribeye steaks. After he was cuffed and was waiting for a car to pick him up, he said "You were going to eat pretty high off the hog with those steaks, it looks like." He said, "No, sir, I was not going to eat those steaks, I have not eaten in 4 days, I have not slept in three nights. I was going to swap those steaks for a $20 rock." He said, "How long would that last?" He said, "Thirty to 40 minutes." He said, "Then what?" "Then I would be back on the streets again, anything I could steal, anything I could get my hands on."

I believe now that our prison system has got to be changed. We have got to find people like this and separate them out. This young man is not really a criminal, he is an addict, he will do anything to obtain the drugs. These people have got to be separated out and put in treatment centers under court sentences where we will have

access to hold them 3 years, 4 years, whatever it takes, to go into a different type of treatment.

I believe that the military, as I have said many times, has got to play a more vital part in the defense of our country because we are in a war and the war is a drug war. I believe that with the recent proposal by our President to reduce our military troops in Europe, leaves a void that could be filled in our Customs Service. I believe that we could take some of the finest young men in our military that are already committed to the defense of their country, who have above-average IQs, who are adaptable to training, bring them back into the United States, set up training bases in five parts of our country, seaports, airports, and rotate them through to where they would learn how to search a ship, how to search container boxes, how to search an aircraft, how to search the compartments, to be able to work with a Customs officer. Not to be the person who makes the arrest, but to be the person who aids the Customs officer.

When we are searching for evidence and you are looking for the gun, the officer who finds it does not snatch it up and say "see what I found." He says, "I believe this is it," and he gets someone else with him, two or three before it is picked up, in order to preserve the evidence and have somebody in court to be able to testify when that time comes. He may be sick, he may be dead, he may be fired or retired. We need someone else.

And this is what I feel that these young men could do. If we could do that, we could take and increase our Customs Services six-fold, 10-fold, with the use of military people who would have 2 years, 3 years, 4 years, and this would be a constant program. What are we going to do with those people when they come back. They were designated to defend Europe. That is going to be a void that can be filled in the Customs Service.

The last remark I would like to say is I had a talk with one of the judges on the Eleventh Circuit Court of Appeals, and I said, "Judge, I know you will not agree with me and I understand, but I do not really believe we are going to be able to win the drug war and guarantee all the constitutional rights we now enjoy for the citizens of the United States. I think the search and seizure will have to be taken and give us more broad powers of being able to search vehicles without having to obtain the same probable cause that it takes almost to get an arrest." I do not believe we are scratching the surface on the amount of drugs moving on interstate highways. I think we are probably getting less than one percent. Somewhere we have got to be able to stop that pipeline to be able to seize those drugs, be able to put those people in prison.

I would like to see the prisons separated to the people who are known heavy drug dealers, who are big money people, they are people we ought to weld the door on. The people who are like the kid that is out stealing to try to get a $20 rock, that is the one we ought to concentrate our powers of doing something for him and trying to cure his addiction.

I thank you this morning on behalf of the citizens of this county and Macon, for coming here and giving us an opportunity to express these words.

Senator NUNN. Thank you very much, Ray. I appreciate your testimony and your leadership.

I am going to ask several questions here and I would like for any witness who would like to answer the questions—I will be directing them to different people, but I would certainly not want to preclude anyone from answering the questions.

Director Hamrick, on the education programs, are our law enforcement officials involved themselves in education? Do you have any program?

Mr. HAMRICK. There are more and more programs that are actually involving law enforcement personnel. The DARE program that Chief Perry mentioned is an excellent program. We are now in the process of studying possible implementation of the DARE program on a statewide level, working with other states that have put it into effect and have been very successful with it. It started in Los Angeles and has been very successful there. But we in law enforcement have found that the more you have law enforcement people actually involved in education, it seems to be more successful because our kids are much smarter today, and they realize that they are hearing the anti-drug message from people who know, who have been out on the street dealing with the problem directly.

Senator NUNN. Do you have any trouble getting access to the education facilities—Chief Perry, I will ask you this, and Sheriff Chester—if you want to go to the schools or if some of your people want to go to the schools and give lectures or show films, are the educators cooperative, normally?

Mr. PERRY. Senator, they are cooperative back in my part of the woods, to a degree. They want you to come in and do a small program, but then they want you to leave. They—for some reason or other, they think that law enforcement on the campus, whether it be grammar school or high school, is giving the wrong message to the parents, that they have lost control of their school and that they have got a problem in their school. I find that to be the worst problem back home.

They allow us to come in, but they want us to leave.

Senator NUNN. In other words, they do not want to acknowledge they have a problem in the schools?

Mr. PERRY. I think that is what I just said, yes, sir.

Senator NUNN. Right. Sheriff Chester?

Mr. CHESTER. In our area, Senator Nunn, we have—basically the problem we have—we use a drug dog a lot in putting on programs in the schools and people have a little problem with that, parents do, putting on a program with a drug dog. But as far as the actual program itself, we do not have any problem with it. We are very well welcome there. The teachers welcome us.

My department is very small. It is hard for me to assign a man—a person to do this particularly, and it is a problem for me there. I do not do as many programs as I would like, I would like to do more, but we are very well welcome.

Senator NUNN. Chief Brooks and Sheriff Wilkes, how about your education community and your working with them?

Mr. WILKES. In 1962, we began a Junior Deputy Sheriffs' Program that is still in effect. We are in 50 schools in Bibb County. We go and deal with one grade, which is the sixth grade, but we stay

in the sixth grade, we never get promoted. We just continue to work with the ones who move in and then they move out, we get the next group. But since 1962, we have virtually talked with everybody who has gone through the public school system sixth grade and above. We have one of those months that two officers are assigned there that do teach a drug program.

We are very vitally interested in this, but the schools have been real receptive, but we have had this long tenure in the schools and I think that is part of it.

Senator NUNN. Chief Brooks?

Mr. BROOKS. Yes, sir. We have two programs, the Mendez Foundation has been approved and used as part of the curriculum in the Bibb County School System, and it goes from K through 12. There has to be an ongoing program, it cannot be a flash in the pan or go into the school system for one day at a time, hoping that that will have some impact. There must be a true bonding that takes place between those who are educating our children about the problems that drugs cause, the identification of those drugs and the like. We also have, for the first time, and largely through the Middle Georgia Council on Drugs and the Macon-Bibb County War on Drugs, we have identified and Council has approved resources to establish the DARE program in the fifth grade in the Bibb County School System. We will be extending this to our private schools in this county.

Through QBE, it was a little difficult to get some curriculum people to give us that opportunity, but I understand that Dr. Hagler wrote about a three paragraph letter to some of his people and all of a sudden all of the doors flew open for us to bring DARE into the Bibb County School System. I think had our group not been together and Dr. Hagler not been fully aware of what we were trying to do and the commitment that our City Council made to give me three more police officers to do this program, we might have had a great deal of problem. We have no problem in Bibb County.

Senator NUNN. Thank you very much.

Director Hamrick, and I will ask Sheriff Chester and Chief Perry also on this one. In small rural areas, police officers are pretty well known to the community. How do you work from the State level on undercover with the sheriffs and chiefs of police. Do you have available GBI people to come in and work undercover?

Mr. HAMRICK. The Local Violators Squad is our undercover street level drug buying operation that works at the request of the chiefs or the sheriffs. Because of the limited number of people we have, there generally is a waiting list before we can send people in to the local areas to work.

Senator NUNN. So you do not have enough people?

Mr. HAMRICK. Right.

Senator NUNN. How many more could you use?

Mr. HAMRICK. Well right now it looks like we could use as many as we could get. We have 37 that now are working strictly undercover, but approximately 47 percent of our agents are involved in some type of drug enforcement activity, from street level to major violators. The undercover role is extremely important to local agen-

cies, and we feel it is vital that we provide them this type of service that they need and want so badly from the State.

Senator NUNN. Sheriff, what about when you need undercover support, do you have access to the State?

Mr. CHESTER. Yes, we do, Senator. The Georgia Bureau of Investigation has done an outstanding job as far as helping us in our community. We have now—we have a multi-jurisdiction drug task force which is federally funded, that is helping us a lot. But the problem we are running into, we are in our second year of funding and we did not get third year funding. We need money to come back to these local task forces. It relieves my department—being a very rural and small department, it relieves me to work other crimes against persons. I do not worry about the drugs, I usually let the GBI and the task force work the drugs throughout the county. But as far as working with them, I work with them very well, but we just need more help.

Senator NUNN. Chief Perry?

Mr. PERRY. Yes, sir, the GBI provides us good service. The only thing is that you have to wait. And sometimes you have problems that just cannot wait. And our local people are known just about over our whole south Georgia area down there. We have several drug squads and we do swap people back and forth for undercover operations, but about twice to three times a year we are able to get the GBI undercover people in. They certainly do need more, yes, sir.

Mr. HAMRICK. Senator, when the local agencies swap people back and forth, then that ties the local people up in court in other jurisdictions which takes them away from their jobs. This is a problem with swapping people back and forth. However, if we had the people to work with them locally, then you might not have this problem.

Senator NUNN. Director Hamrick, you mentioned about marijuana and the fact that you have done a good bit of air surveillance and destruction and so forth, and now they have gone underground or under roof, so to speak. Do you have any way of determining how much marijuana we are growing in Georgia now compared to 3, or 4, or 5 years ago?

Mr. HAMRICK. Five years ago, it appears that there was a lot more being grown, or we were catching a lot more. Now it appears that they are moving inside and are growing it in a lot of different ways. We went through a year about 3 years ago I think, where growing appeared to slack off tremendously. Now we are seeing another rise in the number of plants that we are destroying during the growing season.

Senator NUNN. How do you go about checking when it is under roof?

Mr. HAMRICK. We have our——

Senator NUNN. It has to be undercover.

Mr. HAMRICK. Yes, sir.

Senator NUNN. You cannot identify it from the air.

Mr. HAMRICK. No, sir, you cannot identify it from aerial surveillances.

Senator NUNN. Does Georgia have a problem with synthetic drug labs? We heard Sheriff Chester talk about that.

Mr. HAMRICK. I do not think we have the problem that a lot of States have. Many States indicate that this is their biggest drug problem, but we have not experienced the rise in labs that other States have. We are monitoring the situation along with DEA to make sure that we do not get caught up in the lab business.

Senator NUNN. Can you detect any difference now on a statewide basis as to the willingness of the public to help police officers, from 5 years ago? Is it better or is it worse? In other words, the average person out there helping by reporting their observations about crimes and so forth.

Mr. HAMRICK. It is a lot better than it was 5 years ago. As Chief Perry mentioned and others have mentioned, we are going through a period of denial of having a drug problem, but the public participation is so much better than it was 5 years ago, that it has helped law enforcement tremendously. With the public support, with the public attitude toward doing away with drugs and with the support of the gentlemen that we heard testify from private industry, law enforcement has benefited tremendously in their efforts to combat the drug problem.

Senator NUNN. Chief Perry, if you were asked the question, how do you advise the average person out there to get involved in the fight against drugs, how would you answer it?

Mr. PERRY. Just the average individual?

Senator NUNN. Average individual, not part of law enforcement, but just concerned about drugs. What would you tell that individual they could do to help?

Mr. PERRY. Well one of the things that I think he could do or she could do would be to encourage their kids, their children, to get all the information they could possibly get about drugs. And also I think that they themselves should get involved in some of the community information programs, and possibly and more than likely they should get involved in their community. They just have to get involved.

Senator NUNN. Do you find people more willing now in your area in Thomasville to call up and tell the police there is a drug problem and identify people who are participating, than they did 5 years ago? Is it better in terms of citizen cooperation or is it worse?

Mr. PERRY. It is 1,000 percent better than what it used to be. Used to, you could go into a certain area of our town or any town, for that matter, and you would ask for certain information or you would be looking for somebody and everybody would say I do not know him or I have not seen him. They would not give you any information at all.

Now, just the other night for instance, one of our officers was chasing a person that was suspected of selling crack on the corner and they were canvassing the area and a woman came up to them right off of her porch and she said, "Do you see that man sitting up there? He just come running up there and he threw something on my porch and I do not know what it is." The officers went up and it was the man they were looking for. Five years ago, she would have never done that.

Senator NUNN. So you are encouraged by that?

Mr. PERRY. Oh, yes, sir.

Senator NUNN. Chief Brooks, how about your experience in that respect, citizen participation?

Mr. BROOKS. Sir, as I outlined in a paper that I have attached to the hearing here, our citizen participation has really led the way and given us some impetus in doing something about drugs. Recently we chased a doper down the street, there were a number of us involved, he had a shotgun, he ultimately threw the shotgun down. We caught him underneath the house. An officer and myself went underneath the house and we carefully removed him out from under the house only to find outside a group of probably 30 or 40 citizens who were applauding the police in an area that is a high drug area. People talk about drug hot lines, we have got more information in Macon, Georgia than we can work.

People can find us, we are out on the streets. Our numbers are publicized and it is not an issue in Macon, Georgia about whether or not you can get the information to somebody, but the point is whether or not we have the resources to work that information.

Senator NUNN. Does this indicate to you that we have seen a real change in the last 5 years, that the public is finally getting fed up with it?

Mr. BROOKS. It absolutely is. And I think that maybe the scariest thing that I have to offer to you is that we have seen some places where vigilantism has taken place. The citizens of Macon, Georgia are ready to reclaim their communities. When a lady, who is absolutely terrified to leave her house, does not trust anybody but me, calls me on the telephone, tells me where the dope is, I go out there and to be honest with you, I could not find it. She had my in-car number, a cellular telephone. She called me and she said go to the next house. I went to the next house and climbed up on the roof and found the dope stashed in a standpipe.

That is the kind of cooperation. That street today is clear of any drug trafficking because that lady ultimately got in touch with some of our drug intelligence officers, they gained her confidence and she single-handedly, with our help, went back and reclaimed her neighborhood. There is no dope on that street.

Senator NUNN. So your message to people who want to get involved and are concerned about their neighborhood is that there is a way they can help, and they are doing it in your city.

Mr. BROOKS. They absolutely are, sir.

Mr. PERRY. Senator, one quick comment just to show the depth of our problem. In Moultrie, Georgia, which is Colquitt County which joins Thomas County, a few months ago, they arrested last year's teacher of the year and her husband who is an attorney, who is also a teacher, for growing marijuana. They had it out back of their house growing in a little hot house. This was one of the finest teachers in Colquitt County.

Senator NUNN. Were they growing it for their own use or were they selling it?

Mr. PERRY. I assume it was for their own use. But it shows an attitude.

Senator NUNN. How about gangs? We hear in Los Angeles and New York and many other places that drug gangs are basically taking over whole segments of the community. Director Hamrick, have we had that in Georgia?

Mr. HAMRICK. Yes, sir. We have had a tremendous increase in drug gangs and gangs that are primarily created to protect their business. We have had an example in one rural area where the police were run off of the street by the drug dealers. The police had to go back in and reclaim the street.

But we are seeing a tremendous amount of increase in gang activity in the rural areas, not just your cities.

Senator NUNN. Does that create a real problem for law enforcement?

Mr. HAMRICK. Yes, sir.

Senator NUNN. Multiplies the number of people that have to go in to make an arrest, does it not?

Mr. HAMRICK. Multiplies the number of people that go in and usually when you are dealing with gangs, you are dealing with a more violent type of people. In addition you have to be very much aware of not just concentrating on this one arrest but also on what can be surrounding you as you go into an area to make the arrest.

Senator NUNN. What can you do about that?

Mr. HAMRICK. Well we have some operations underway that we hope are going to have an impact on some of these gang activities. The other thing, and I think that Chief Brooks has touched on this—is just a show of force that the police are going to reclaim the areas where these gangs are operating. This has got to be done with the cooperation of the citizens.

Senator NUNN. What about the National Guard, Director Hamrick? What is the Georgia National Guard doing and are there plans to increase their participation?

Mr. HAMRICK. If every State national guard was as cooperative and willing to do something about the drug problem as the Georgia National Guard is, they could have a tremendous impact on our country's drug situation. The Georgia Guard cooperates 100 percent on radar interdiction programs that we do, they are cooperating through the money that was appropriated last year for the marijuana eradication program this year. They are willing to do anything that they can and are asked to do within their limits to help in the drug problem in this state. They are an excellent source and resource to use and are fully willing to do it.

Senator NUNN. Does the National Guard have the authority in Georgia to make arrests?

Mr. HAMRICK. No, sir, they do not—they do not make arrests, they are not law enforcement.

Senator NUNN. Do you need them to make arrests?

Mr. HAMRICK. No, sir, I do not think we do. As long as they provide the resources that they have, such as equipment, the manpower that is used, they can accompany law enforcement on operations and law enforcement people can make the arrests.

Senator NUNN. Do you have a plan that has been filed under this new amount of money that we put up last year for the Guard? Has the Guard in Georgia filed a plan to the Defense Department, do you know?

Mr. HAMRICK. I believe they have, because they are participating now with us on some drug programs.

Senator NUNN. Could you furnish or get them to furnish for our record here, you can add it to the record, their plan in summary,

what they are doing now versus what they will be doing under this new plan?

Mr. HAMRICK. Yes, sir.

Senator NUNN. I want to ask you another question too, and any of you that have an opinion on this one, we have doubled our prison space in the past few years but more criminals are walking the streets with virtual impunity, as you have already indicated, because of the lack of prison space. What about alternative sentencing programs and intensive probation? Do those have a role, and the second question is what about boot camps? What kind of results have we gotten from that experience?

Let me start with Sheriff Wilkes on that.

Mr. WILKES. I think the Scared Stiff Program worked real good to start with in the prison system, especially where we had contact down in Dodge County. Ever who ran that I believe was a former Marine and he did a real super job.

Senator NUNN. Tell us a little bit about what that was.

Mr. WILKES. They would bring people in there for 90 days, people who they were trying to keep out of the prison system. They would bring them in and then they would start like boot camp at 5 a.m. in the morning. It is my understanding they did a lot of digging, they did a lot of physical and manual work. They were hassled and harassed by other prisoners who were in the area but could not touch them or get close to them. They made overtures against them or sexual harassment. These were all young men, probably in their late teens and early twenties.

What they tried to do, and they set out and did a good job, was trying to take and let them see what prison life was going to be like, and before they became acclimatized and got to where they got in the system at 90 days, if they had obeyed the rules and pulled as a team, they let them go back on probation. That worked.

It gets out now that all you have got to do is make the 90 days and you are going to be released, so it loses some of the impact. But the people who are on drugs who are given alternative sentences and community work, I do not believe that has any impact, because the demand for drugs that they have, the urge to satisfy the thirst they have for drugs is over any other fears they have. I believe the only thing we can do with those people is go back and try to give them a chance to get off drugs through some form of incarceration and some form of isolation, get them away from their families until at least you get their attention and you begin to come down and get them off and let them understand what is happening to them.

I am very much interested in your program that you have as a form of letting young people go into a form of government service and later have credit toward college and other things. I think that is one of the answers to our problems. I do not know whether you will ever get it through or not, but I certainly support it, because it has just got to come to give people somewhere to go and get them off the streets and give them another chance on life.

Senator NUNN. Right now we have the "entitlement left" in this country against the program of national service and we have the "libertarian right" against it and the only people who are for it are the average public out there, but they are not organized. And so right now the organized groups are against that national service

for their own reasons and the ordinary people have not been heard from on it, so we are having a very hard time legislatively.

Mr. WILKES. I read that in the paper, but they should look at Israel, they should look at Switzerland, they should look at many countries that have an obligation to serve their country, that is a must, they must go into military service and serve their country. What we are proposing or you are proposing is an opportunity not only to serve their country but also to get a college education.

Senator NUNN. That is exactly right and we are trying to also direct it towards the 50 percent of our young people who never go to college and who need skill training and also a way to update that training so they can really participate in an economy that is constantly changing. But that is the subject of another hearing, I appreciate your thoughts on that.

Director Hamrick, do you have any observations on that?

Mr. HAMRICK. I think that Mayor Robinson mentioned a user accountability program that is being tried in Phoenix, and I think that when that program has been in operation long enough to see results, that you will see very good results from the recreational user standpoint.

Senator NUNN. That is something like boot camp?

Mr. HAMRICK. No. It is a program where if a person is arrested as a recreational user, or a buyer—if he meets certain qualifications, then he has to do certain things during the 12 months after his arrest. If at the end of that 12 months he has satisfactorily completed that program, then he has no criminal record. He has to pay his own way through the program. When arrested, the buyer is booked and fingerprinted, and the next day all the names of those arrested are published in the paper and then this 12 month program starts. At the end of that program, if the buyer successfully completes it including drug testing, then he has no criminal record. This program is aimed obviously at the recreational type user.

Senator NUNN. Director Bennett is now talking about throwing out the idea of some form of boot camp. I believe he is intending that mainly for people like recreational users that we would not want to use up jail space on, but would instill some sense of, I guess, fear and discipline.

I do not know enough about what he is talking about now to ask you a complete question on it, but do any of you have any observations about that idea?

Mr. HAMRICK. I think the boot camp concept would certainly work better directed toward the recreational user than it would for the dealers.

Senator NUNN. Or anyone that is a hard-core addict.

Mr. HAMRICK. Yes, sir.

Senator NUNN. You think it probably would not work as well with them as the recreational user?

Mr. HAMRICK. I do not think so. I think that the recreational users are the ones that we have to concentrate on in conjunction with working toward the demand side of drugs, because these are the people——

Senator NUNN. They are feeding the money machine.

Mr. HAMRICK. Exactly, yes, sir.

Mr. BROOKS. Senator.

Senator NUNN. Yes, sir?

Mr. BROOKS. As we look at the boot camp approach, there is something inherently wrong with an individual who sells cocaine—sells cocaine now, and he gets probation from that. There ought to be some system whereby we can mandate people to either go into treatment or go directly to jail. If you are caught for distributing cocaine, you absolutely will serve some sort of time. We look at the closed military bases—and I will not go into that because I know that you know how we feel about that in law enforcement, but there are some alternatives to the incarceration of individuals into $30,000 to $50,000 per cell facilities. Many people in this kind of environment, once they have an opportunity to get into treatment—I think they have to be in a closed environment first and they are going to have to have a promise from us in law enforcement and the district attorneys that we are going to have a place to put them, that they will serve some sort of jail time.

But I guess this gets back to your earlier question, intensive probation and the like. They are going to be doing the same thing, the money is just too lucrative for us to break that chain if they are going to be at home.

Senator NUNN. So you are saying intensive probation and the alternative sentencing programs ought to be directed to people not in drugs, in something else perhaps but not in drugs.

Mr. BROOKS. And freeing that jail space up for that kind of——

Senator NUNN. Freeing it up for the drugs. I think you would agree that people who are addicts but who are not hard-core criminals, but are basically having to steal to support their habit and so forth, should be dealt with differently.

Mr. BROOKS. Absolutely.

Senator NUNN. And should be treated.

Mr. BROOKS. Yes, sir.

Senator NUNN. Perhaps jailed, but also treated. Right? Treated while in jail.

Mr. BROOKS. Absolutely.

Senator NUNN. You are not saying treatment in lieu of jail, you are saying both.

Mr. BROOKS. Yes, sir.

Senator NUNN. You are saying where you might use boot camp, I suppose—correct me if I am wrong on this, is for people who are recreational users who are not addicted and who are not selling, but need some punishment. Does that make sense?

Mr. HAMRICK. And an important part of the program aimed at the recreational user is let them pay their way through it, let them finance it, let them——

Senator NUNN. Let them go to boot camp and pay for it.

Mr. HAMRICK. Yes, sir.

Mr. PERRY. Senator, also, when you are talking about that particular section and area there, you need to keep in mind that whenever they are released back to their communities, if they are going to go right back into the same environment that they were, eventually they are going to get back doing the same thing. So we have got to look at it as not just a law enforcement problem, but also a big social problem that needs to be worked on in the community on a local basis also.

Senator NUNN. Thank you.

Mr. Hamrick, I understand your concern about a provision in the Federal law regarding the sharing of seized assets with State and local governments. Would you address that for us?

Mr. HAMRICK. As I understand it, I believe in the appropriations bill starting in October, there is a provision which prohibits adopted cases from being taken by the Federal Government. For example, if the Thomasville Police Department and GBI are working together on a drug bust and at some point we decide that we need to go Federal with that drug case, then we call DEA and get with the U.S. Attorney's Office and go Federal with it. At the conclusion of that investigation, then the local, State, and Federal agencies share in the assets that are seized as a result of that investigation. I understand that in this new law, that if the Federal people do not participate in the drug bust, they cannot adopt that case and carry it into federal court so that the locals will share in the assets that are seized as a result of that investigation.

Senator NUNN. Who would get it then, if the feds are not in it and the locals cannot participate——

Mr. HAMRICK. I assume it would stay within the Federal Government the way it has been up until 4 or 5 years ago when they started the asset forfeiture business.

Senator NUNN. Right.

Mr. HAMRICK. That asset sharing program has been a tremendous help to local law enforcement in being able to fund drug enforcement programs. It has got to go back into law enforcement, so it has been a tremendous boost for local law agencies.

Senator NUNN. That was Senator Chiles and I joined with him as a co-sponsor on that, I remember when it passed.

Senator NUNN. Tell me what has changed in that now because that must have slipped——

Mr. HAMRICK. Under present law, if Thomasville Police Department works a drug investigation and at some point it is determined that they should go Federal with that investigation because of the magnitude of it, and DEA adopts that case and works with the local agency on it, then that local agency shares in the assets that are forfeited.

Senator NUNN. Thomasville gets part of the assets that are forfeited.

Mr. HAMRICK. However, as I understand the new bill, unless DEA participates in it at the very beginning, the local agency cannot share in the seized assets.

Senator NUNN. In other words, they do not help at all or then—are you saying DEA does not get in and help on the problem or even if they get in and help, they do not get the sharing, the sharing arrangement does not work?

Mr. HAMRICK. I am not sure that they do not help at all, but it is my understanding that if they adopt—I think that is the key word, is adopt—the investigation, then the local agencies cannot share in the seized assets.

Mr. BROOKS. Senator, the main point in that law change is that we cannot—we can use all the Federal resources that we want to in that case, it can go to Federal court, it can be tried, prosecuted. The Federal Government can take all the real property and all the

vehicles and boats and everything else that they have, except the City of Thomasville will not be able to share in any of that. We will get all the assistance that we want from DEA, but the problem is in the past, once DEA or FBI assisted us, it went to federal court, it was tried, the properties were seized, then we had an opportunity to get a proportion of that. Under this new law, you can still see that the case is prosecuted, the local government simply gets nothing for it.

Senator NUNN. You are saying that has already passed both the House and Senate and signed into law?

Mr. BROOKS. If I am not mistaken, sir, it goes into effect October 1 of this year.

Mr. HAMRICK. It is my understanding, Senator, that it is in the appropriations bill for——

Senator NUNN. The supplemental? We just passed the supplemental, that could be it.

Mr. HAMRICK. I do not know what bill it is, but it is in the appropriations bill, as I understand it.

Senator NUNN. I appreciate you alerting us to it, we will find out about it, because I think that has been one of our better provisions. I remember very well when Senator Chiles first advocated that and he had really advocated it based on hearings he had had with his local officials in Florida, he came to me with it and we co-sponsored it and I remember when it went through. I did not know it had been five years, but——

Mr. HAMRICK. I do not know that it has been that long, but you cannot imagine how that has helped law enforcement in continuing to fight the druggers.

Senator NUNN. We have got a major problem in how the Federal Government handles confiscated property now and that one has to be looked at very carefully. We are not doing a good job of disposing of those properties and handling it effectively or efficiently. There is tremendous potential here also with the confiscation of property that may have been generated with illegal drug money but not directly connected to it, and that opens up a whole other avenue too. We will look into that.

Director Hamrick, Chief Perry, Sheriff Chester, Sheriff Wilkes and Chief Brooks, we thank you for your splendid testimony this morning and we appreciate your leadership in this very tough field. I know it is frustrating to all of you, we know your whole law enforcement community gets awfully frustrated with this job, but as I mentioned in my statement, I think we have got to continue our sense of outrage and also our sense of hope—both. And I know you will.

Thank you so much.

Let me introduce our next panel and I am going to take a 5-minute break and we will start back promptly at 12.

Our last panel will address efforts in the rural areas to educate and treat high risk groups, to educate our young and their parents and increase community involvement in the war on drugs. Louie Hargrove and Dianne Bryant both work in the Macon and Bibb County area to educate people about the risk of drug use and AIDS. They both have very compelling stories to tell about what is happening on our streets.

Dr. Ted Holloway is a Georgia District Health Officer, he and Mr. Ted Hefner will testify about the state treatment and rehabilitation programs offered in the communities.

And finally, Ms. Pam Harvey Church from the Houston County Drug Action Council and a statewide consultant, will testify about education and other programs designed to get the entire community involved.

If each of you will come up and let me swear you in, then we will take a 5-minute break and be right back.

Senator NUNN. Do you swear the testimony you give before the Subcommittee will be the truth, the whole truth and nothing but the truth?

Mr. HOLLOWAY. I do.

Mr. HEFNER. I do.

Ms. BRYANT. I do.

Mr. HARGROVE. I do.

Ms. CHURCH. I do.

Senator NUNN. Thank you. We will be right back.

[Recess.]

Senator NUNN. We were going to start with our other two witnesses, but Dr. Holloway, why do we not go ahead with you this morning.

I have been told by our staff how much cooperation they have had from all three of you here today and we appreciate it very much and we look forward to hearing from you.

So why do you not go ahead and lead off.

TESTIMONY OF TED HOLLOWAY, M.D., DISTRICT HEALTH OFFICER, GEORGIA DEPARTMENT OF HUMAN RESOURCES, WAYCROSS, GA [1]

Dr. HOLLOWAY. Thank you very much. I am a Public Health Physician responsible for mental health, mental retardation, substance abuse and public health services in a rural area of southeast Georgia. We have 16 counties, about 274,000 population, and our biggest towns have 20,000 to 22,000 folks in them.

I would like to briefly talk about the health consequences that we have seen from the crack epidemic since 1984; many of these problems are now being recognized, but until recently (even in the health community) some of these really major problems that our communities are facing were not being discussed.

We have begun looking at things you naturally think about. In Baxley, Georgia, for instance, there were seven gunshot wounds in the emergency room in 1984. In 1988 there were about 17 gunshot wounds in that little small emergency room. But our biggest epidemics are infectious diseases—syphilis, AIDS, the effects of cocaine on babies, other sexually transmitted diseases and, of course, the effects of crack itself.

Syphilis in our area has exploded. We had 47 cases of syphilis the whole year of 1984. In 1989, the fiscal year that ends this month, we had 385 cases of syphilis. Most of this syphilis is in women—about 60 percent women, 40 percent men.

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[1] See p. 149 for Dr. Holloway's prepared statement.

Just a little example, we had a Miami drug dealer come in to one small town. He was HIV positive, which means that he carried the AIDS virus, he also had syphilis. From him we had 22 cases of syphilis in that small town. We did not test all the people who were contacts of the syphilis case for the HIV virus, but we have documented two transmissions of HIV from that individual. One of the women has had two babies since that time—one of whom is HIV positive. And that is in a small town in southeast Georgia.

The problem that we see is that when the pushers come into a small area, they usually settle near the housing projects and the first thing they do is start giving away free crack to young women. Most of our syphilis cases, as well as other transmitted diseases, are in women from 15 years of age to about 25. They give the crack away free for several days; then they start having sex with the young women to habituate them to the idea of having sex for drugs; next they cut them off "cold turkey"; and finally turn these young women out on the street to either trade sex for drugs, become pushers or recruit other people into the system.

This has resulted not only in an increase of syphilis, but also a dramatic increase in cocaine babies. We estimate at the present time that 5 to 10 percent of all of our prenatals in our WIC program are using crack cocaine. This will definitely increase our infant mortality rate and children with the neurological sequelae of crack. It is a tremendous problem that we are just beginning to grapple with.

In Jacksonville, Florida, at University Hospital, a recent study showed that 15 percent of their prenatals were using crack. Studies in some other large cities like Boston and Baltimore have found 15 to 20 percent, so our estimates may be low. We are currently doing a study right now to determine what the prevalence of crack use is among our prenatals.

Other sexually transmitted diseases are also on the rise. We are having an epidemic of human papilloma virus, which has been associated with cancer of the cervix. We are seeing more gonorrhea, hepatitis-B and, as I said, HIV virus transmission.

It is my firm conviction that the crack epidemic is going to become a third wave of the AIDS epidemic in the United States. We saw the first wave in the gay, homosexual community; the second wave in the IV drug users and their sexual partners and now I think that the crack epidemic will gives us a central African pattern of transmission of HIV virus, that is, a genital ulcers—the crack users have genital ulcers secondary to syphilis, and herpes—and multiple partners. It is not unusual to find young women having 30 and 40 contacts a week in our rural area. So when you get multiple partners and genital ulcers together, the main ingredients for heterosexual transmission of the HIV virus are present.

Senator NUNN. Have you found cases like that now, are you telling us that has already happened or are you predicting it?

Dr. HOLLOWAY. Yes, sir, we have had several people who do not admit to IV drug use, who are regular crack users, who have had syphilis, who have had sexual contact with someone who was HIV positive, and now are HIV positive. As I said, one woman who lived with a Miami drug dealer in a small town, now has two infants. She is HIV positive, as is one of her children.

Many of the drug pushers from Miami, Philadelphia, and New York may have been IV drug users themselves. IV drug use is not a tremendous problem in our area, crack use has really overwhelmed it.

Cocaine babies are going to be a tremendous problem. This last week in one of our clinics in Waycross, Georgia, four teenagers that are all pregnant and using crack were identified. We find it very difficult to get them drug treatment. We find it very difficult once they get into drug treatment for them to stay drug-free, and, as you know, the rate of low-birth weight babies, and spontaneous abortions, child abuse, neglect, sudden infant death syndrome are all increasing in infants of crack using mothers.

The word is on the street that you can smoke crack and it will cause you to have a miscarriage. So a lot of people try it and it does in a certain number of cases, but unfortunately perhaps, it does not do that in many of the cases and the infant suffers or dies.

Our substance abuse treatment programs have traditionally provided alcohol and some drug treatment. In the last 3 years, however, they have been overtaken by people needing treatment for cocaine. We frankly do not know how to treat it. Most of our counselors came from alcohol backgrounds. Our average alcohol patient 5 years ago was a middle-aged white male, who had been drinking for 5, 10 or 15 years; he finally had lost his job, lost his family, hit bottom and come into treatment. In developing treatment for an individual like that, you have something to build on. They did have a job; they did have a family.

But now we are getting people coming in who are younger, who never had a job, who dropped out of school and so we need to look at literacy programs, jobs skills and other support systems in the community. Our AA community is having to deal with whether they are going to accept the drug users in their AA groups.

We do not know what treatment regimens are appropriate. I think there needs to be some really good national studies of detoxification regimens for cocaine use. Several centers report the use of anti-depressants or other drugs that will help the dopamine depletion that results from long use of cocaine. Other programs say, "do not use any drugs." I think we need a real concentrated effort to give us information as treatment providers on the front lines about appropriate detox regimens.

We are being told that the 28-day concept is not long enough; yet if we extend our treatment from 28 days to 45 or 60 days, long-term treatment, then the numbers of people that we can serve will be greatly reduced. Naturally the problems of unemployment, homelessness, alienation from society and access to health care, all feed into this problem.

In our anonymous test sites in the health departments, people who are coming in to be tested for the AIDS virus or to STD clinics, are afraid to come in because they are afraid we are doing drug testing, so they go underground. We have got to look at new ways on how we are going to fight the AIDS-crack-syphilis epidemic and make care accessible out there so that we can encourage these people to get into treatment.

We need to empower our citizens and work with our black communities which are being devastated by this epidemic. In the past

we have not dealt very effectively with alcohol and drug problems in the black community—most of our State-supported systems have served largely a white clientele. This epidemic is definitely affecting the black population in a tragic way. We have committed black leaders who would like to do something; we have got to work with them.

In conclusion, I would just like to say that the health consequences of this whole crack phenomenon have been largely underappreciated. I am going to CDC tomorrow to talk about the connection with syphilis and crack. That connection is just being realized at our federal and state levels. I think much more needs to be done to look at the whole effects of health problems as a result of this epidemic.

Senator NUNN. Thank you very much, Dr. Holloway.

Let us go ahead with the health aspect here with Mr. Hefner and then we will go after Mr. Hefner to Ms. Bryant and Mr. Hargrove and then we will have our clean-up hitter talk about the education aspect, Ms. Church.

Mr. Hefner.

TESTIMONY OF TED C. HEFNER, DIRECTOR, AMERICUS AREA SUBSTANCE ABUSE PROGRAM, GEORGIA DEPARTMENT OF HUMAN RESOURCES [1]

Mr. HEFNER. Mr. Chairman, I appreciate the opportunity to testify before this Committee as you look into drug abuse in rural Georgia.

To provide a justification for the information I will present, I need to tell you the sources of that information. I am the Director of the Americus Area Mental Health, Mental Retardation and Substance Abuse Program serving eight counties or 2,500 square miles in the west central area of the state. We are part of the Georgia Department of Human Resources.

Focusing on the substance abuse services of the program, we provide a wide variety of services from in-residence detoxification to out-patient counseling and residential services. We serve an average of 1,700 to 2,000 persons a year with substance abuse problems, not including their families.

In addition to these responsibilities, I conduct, myself, group therapy for young recovering addicts and I also conduct a family support group for their families and parents. Over the past 3 years, quite a large number of addicts and family members have passed through these groups. It is from these activities that I wish to draw information to present. I am going to summarize my information in three categories; prevention, early intervention and treatment.

First prevention. You would think from all of the publicity that drugs receive that citizens are frantically involved in drug prevention programs at the community level. However, I wish to assure you that the majority of citizens in our community are terribly ignorant of the signs and symptoms of drug abuse. Over the past 3 years our admissions have increased by some 200 percent. This results in significant increases in workloads for counselors, physi-

[1] See p. 164 for Mr. Hefner's prepared statement.

cians and nurses. This increase has almost entirely been made up of people under the age of 25 years, using crack cocaine.

Such an increase has forced us to make a decision about who we will serve, given the limited resources. The decision has been made Statewide to serve those most in need of treatment, which precludes doing any prevention work. Hence, we have no funded prevention program on a systematic and continuous basis. Any prevention activities we enter into are adjunct to our normal treatment activities. Hence, we must wait until a young person is seriously and harmfully involved with chemicals before we can help her or him.

Few would disagree with the need for prevention. Of great surprise to most of the parents that I have worked with is the discovery that their children started the use of drugs at the ages of 11 or 12. Nearly all that I have worked with started at a very young age and successfully hid their drug abuse for many, many years. A one-hour session in schools cannot counter pushers who are on the job 24 hours a day. It is a rare community in which schools and treatment programs cooperate in providing comprehensive and continuous prevention.

In my opinion, it should be made a requirement of our educational institutions to admit consistent on-going prevention education in the schools. Now it is a major problem for us to get into the schools to do any continuous kind of prevention education. Indeed, it is not only a major problem we are simply not in any schools on a continuous, systematic basis.

It requires a community involvement for effective prevention. I have recently done prevention and drug education programs in a number of Georgia towns. I have been in Cordele, Americus, Butler, Hawkinsville and in Moultrie. And in those communities, we started off with a community drug education program where we have 600 or 700 people who came together, interested citizens, but altogether maybe we reached 2,000 or 3,000 out of a total population in those areas of 100,000 to 125,000. These communities have no systematic on-going prevention program coordinated as we heard the Mayor describe here in Macon. The citizens will get together, put on a program and then the prevention program is over.

Senator NUNN. It is a one-shot proposition? No program, no plans, no systematic time charts?

Mr. HEFNER. That is right.

Senator NUNN. All the things they are doing in Macon are not being done in other places?

Mr. HEFNER. No, not to my knowledge.

Of course, somehow the communities need leadership for a coordinated and continuous prevention program. And of course the state programs need mandated prevention programs. Money and resources that are dedicated for prevention only and defined autonomous programs that cannot be absorbed by the growing necessity for treatment. We get some money for prevention, but the demands on us for treatment are so great, that money is quickly absorbed into the demands for treatment.

Early intervention. Since we lack prevention programs, we hope to intervene in the early stages of substance abuse before it advances to more serious problems. Unfortunately, like prevention ef-

forts, we have been forced to allocate resources to those with serious problems, leaving little or nothing for early intervention. The majority of parents with whom I work recognized or came to grips with their abusing child when that child came to the attention of law enforcement or was expelled from school. I might add it is at this point when it came to their attention that the heartache and tragedy for families starts.

I notice in our agenda here that the institution of the family is not listed among your people to give testimony. I might on their behalf say that that institution now is suffering the most. Who are in my parent groups? I have two physicians, a judge, several attorneys, school teachers, local businessmen, janitors. These drugs are equal opportunity drugs, they do not draw class lines, race lines, they strike at all levels. And there is absolutely no way to prepare parents for the years of heartache to come when their child manifests the symptoms of drug addiction. I find myself not doing my job properly as I am loathe to tell a parent this is just the beginning, you need to hunker down against the wind because this is a long-term proposition. You are not going to send them off to 28 days and bring them home well. You are in this for the long haul.

One parent in my parent support group, we have had his son to treatment three different times. He must take all of his family valuables to bed with him at night, he must put them in a suitcase and take them with him to work for fear that his son, whom he locks out of the house when he leaves for work in the morning—his son will return and steal everything in the house and hock it.

Another family has spent over $90,000 in restitution and in payment for treatment. And they are on the verge of bankruptcy and their son is continuing to use.

I cannot stress the enormous impact of drugs on the family.

Early intervention requires early detection and the institution to perform early detection is the family and the educational institutions. We need to train our parents and train our teachers and our school counselors what to look for and what to do when they see it. The majority of our teachers and the majority of our families are not drug professionals, they know very little about the signs and symptoms and the paraphernalia of drug use. We need to require that our teachers be educated in this and then establish on-going education programs for our parents. Parents and teachers need access to something other than expulsion from school or jail for their children. We need systems for responding to such problems when encountered, without destroying the child's hopes. The typical response today is to expel the child, destroying hopes for education and creating yet another dependent person on the streets, or referral to court services, none of which address the child's immediate problem of drug addiction.

On the subject of treatment, of the 1,700 to 2,000 persons treated by our program annually, 30 to 40 percent are referred to us by the criminal justice system and this percent goes up monthly. It would go up much more sharply if we had the staff to dedicate to it. Parole and probation officers with unbelievably large caseloads seek assistance from us by requiring that their parolees and probationers with histories of substance abuse participate in treatment.

As great as this need is, we lack the resources necessary to respond to the criminal justice system requests.

Because of our workload, we often cannot see a client but two or three times a month, which is absolutely inadequate to help in recovery. Often one nurse must be responsible for 15 to 20 patients in a detox unit at a time. And counselors oversee caseloads of 80 to 90 persons. We transport on a daily basis people over 100 miles a day to get them to a treatment unit. We have vans that fan out all over 2,500 square miles transporting these people to services.

I heard one of the officers mention paperwork. Some 70 percent of my staff time is given to indirect services, most of which is paperwork. And that paperwork—if I want 100 percent of a person's time, I have got to hire three and a third persons to get it.

Senator NUNN. Where is that paperwork coming from; Federal, State—where?

Mr. HEFNER. Well I think it is a combination. The Federal Government gives us block grants and we must fill out the necessary paperwork to ensure the Federal Government that block grant money is going as they requested. Well I have to dedicate two staff for 4 weeks work every third month to fill out the form to prove that we spent that 20 percent block grant money.

Senator NUNN. If you have suggestions for simplification, we would welcome those, if you could furnish them for the record and write us about it.

Mr. HEFNER. All right, sir. I am sure my staff has a wide variety of suggestions. I will try to get those to you.

Recently a chief parole officer requested that we assign a counselor to work with parolees full time. Certainly the numbers are there to justify it. He had 60 some odd that were substance abusers. We simply do not have the resources.

When business discharges abusing employees and schools expel them, we get them.

Finally, treatment for persons harmfully involved with cocaine, as Dr. Holloway mentioned, require more than 5 to 7 days in a detox unit or 28 days in a hospital. Such brief treatment has a very, very low percent of recovery.

So in closing and in summary, we need a systematic and coordinated and knowledgeable planning organization from the top and sufficient funding to accomplish our plans. Most of all, we need a mandate to all human services, including education, prevention, intervention, treatment and criminal justice, to get on with systematically battling this problem. I believe from the testimony you have heard, criminal justice knows what to do. We know what to do and we know how to do it. We just need the organization and the funding to get on with it.

Thank you very much.

Senator NUNN. Thank you very much, Mr. Hefner.

Next we have Ms. Dianne Bryant. Ms. Bryant, we are delighted to have you and Mr. Hargrove here today and we welcome your testimony.

TESTIMONY OF DIANNE DeFORE BRYANT, BIBB COUNTY HEALTH DEPARTMENT, MACON, GA

Ms. BRYANT. Thank you.

Senator Nunn, my name is Dianne DeFore Bryant, it is an honor and a privilege to be in your presence. Overall it is a very nervous feeling, I have never talked to anyone so "straight" about all my problems before.

Senator NUNN. Well just take your time, there is nothing to be nervous about. The only people that are dangerous are these two folks over here with those cameras. The rest of us up here are harmless, so if you can handle them—and they make me nervous too, I will tell you.

Ms. BRYANT. OK. Senator, I am a recovering narcotics addict. I received treatment in probably every private treatment center in Macon in the last 8 years, nothing seemed to work for me. Finally I found what I needed in a little hole-in-the-wall methadone clinic.

Senator NUNN. You were addicted to heroin?

Ms. BRYANT. To begin with, it finally ended up being Dilaudid because the heroin supply was so erratic in Macon. Most of the opiate addicts went to something that they could get from our local drugstores late at night, and that was Dilaudid.

But I finally found something that worked for me at New Start Substance Abuse Program.

I shot dope, Senator Nunn, for many years. I am familiar with all acts associated with IV drug use. Not only do IV drug users share their "works," their syringes, which is the primary way that HIV infection is spread, there are many practices among IV drug users that may be unknown to some. I have witnessed not just the sharing of works, but many other things, such as an addict thinking that he has another set of works and throwing the one he has got away, then discovering that that is his last set of works. I have seen him go into the dumpster outside and crawl around until he has located his or any sets of works and then using that syringe to shoot his dope with. I watched one addict shoot half his dope in his arm, then have his needle stop up maybe because dirt got in the point or maybe his vein collapsed, for whatever reason his needle clogged up. And then this addict would give the syringe containing a mixture of half blood and half dope to maybe his girlfriend and then if she had a vein she would shoot his dope and his blood into her arm or sometimes squirt it into her mouth.

Senator Nunn, I have watched addicts waiting for their turn to use works and look around on the ground and find a syringe and pick it up, check it only to see if it had a point on it, and then shoot dope with it without even thinking or caring to clean it. I have seen addicts shoot dope in their arms, in their legs, in their necks, in their breast. I have seen all kinds of things, anywhere that they can get a vein up. If an addict has a dull needle, which puts him at a risk for losing his dope, I have seen them take a matchbook and sort of sharpen the edge of the needle on a matchbook, which contains God only knows what, and then shooting dope with that syringe.

There is a lot of risky behavior that takes place on the street that people do not want to talk about. Senator Nunn, I am not

trying to shock you, but I was born and raised in this town and almost, because of my addiction, buried in this town. I have been incarcerated, institutionalized, everything I did right or wrong I have done in Macon. But with the help of God I found a counselor that worked for me, a street-smart guy named Emory Pitts at the New Start Clinic. With the help of Emory and God, I am now recovering in this town.

At the present time, I am half of an AIDS street team called STARR, Street Team for AIDS Risk Reduction. My partner, Louie, and myself, we frequent neighborhoods that are saturated with drug addicts and prostitutes. We hand out materials, reading materials about AIDS and drugs and we hand out condoms, referral cards for drug treatment and HIV testing.

On the streets, we approach people and try to give them as much of the message as they will allow us to. The message being, why you are at risk and how to avoid risk of HIV infection. I think that this message is necessary in every community in America. We have to adjust our approach according to whom we are speaking to. If we are talking to some younger people, then we try to sort of get on their level. If we are talking to some people that think they are just so cool that they cannot be approached, then we just get a little bit cooler. We talk to anybody that will listen.

The street savvy that Louie and I have enables us to establish a rapport for those few, hopefully life-saving minutes that we may have with a person. We also give information on where one can go to receive the HIV testing and drug treatment.

Senator Nunn, just for your information, there are two places in Macon that people can get HIV tested; the Macon-Bibb County Health Department the New Start Substance Abuse Program, used to be called the Methadone Center.

My supervisor, Emory Pitts, who is also my counselor and has been for over 4 years——

Senator NUNN. Who does he work for?

Ms. BRYANT. The Health Department I guess.

Senator NUNN. Bibb County?

Ms. BRYANT. Mental Health.

Sometimes he goes in the streets with Louie and myself, especially if we are going to go into an area where there is just a lot of drugs. That usually means there is a lot of crime in that area too. I do not know if he is a little over-protective or what, but he goes out with us when we do not know exactly how the streets are going to take us. Sometimes we are going into an area for the first time, he puts on his street clothes and comes right on out there.

We come into contact with people using cocaine, crack, crank, narcotic, any and all kinds of drugs. Cocaine and crack are a very big problem, as everyone has stated, in middle Georgia, but IV opiate use is steady on the rise. We know this by the increasing folks trying to get in the methadone clinic, which caters a lot of IV opiate users. The numbers that are trying to get in there for treatment are just real, real high.

Senator, I know that you already know that IV drug users are not the only ones passing the HIV virus in the drug culture. Lately, the trend is trading sex for drugs and especially among the "rock stars," the people that are heavily into crack. This increase

in the number of drug abusers translates into an increase in the spread of AIDS and other sexually transmitted diseases.

There are some positive aspects to my work. I have personally talked with one young girl who had been shooting dope for at least 3 years. I referred her to the New Start Clinic for HIV testing and while she was there, she got into a conversation with one of the counselors there and he encouraged her to come back. He got her interested and she came back. Now she is working to beat her drug habit in a treatment program, and she also attends a ladies group that I go to that caters to addicts at the New Start Clinic.

There was this one teenager who attended one of the AIDS workshops that Louie and I gave in the housing projects. While he was there he picked up some information on crack and after reading some of it, he looked at me and he said, "Ma'am, they cannot help me. I am in a bad way." I told him, I said, "Boy, I shot dope longer than you have been alive." I said, "I got help and if I can get help, you can get help." By the grace of God, Senator, today he is in a treatment program at the New Start Clinic.

I benefit a lot from getting a chance to come in contact with individuals with problems similar to what I went through. Being able to let them know about my experiences. The fact is, if I could be helped, anyone could be helped. This is not a hopeless situation. I like the fact that you want us to keep a positive attitude about this because I just cannot tell you enough—if this guy right here could be helped—no offense, Louie—and I could be helped, then anybody in this world can get help.

Like I said, this is not a hopeless situation. I was a heavy user, as heavy as one could be and still function. I made changes in my life with the help of Emory, my counselor. Therefore, I know others can do the same if they will only give treatment—whatever treatment they decide to use—if they will only give it a chance.

Senator Nunn, I am not an economics major and I know there are a lot of issues concerning who gets budget money for whatever reason, I do not know and do not really want to know all about that, but I know that there is a desperate need in my town for more drug abuse centers, more people like Louie and I that are going out into the streets and talking to people on their own level, on their own turf.

A lot of these people, they do not read the stuff that the Surgeon General sends in the mail and when they see drug abuse programs on television, nine times out of ten they are going to turn the channel because it is too close to home to them, it hits their denial too much. They do not want to hear it, but Louie and I make them hear it, we get the message out. These people need to hear about how drug abuse can ruin lives and how AIDS ends their lives. There are a lot of people who are not getting the message, and some people just decline to listen.

Thank you, sir, for your time and your concern.

Senator NUNN. Thank you, Ms. Bryant, for your testimony.

Mr. Hargrove.

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TESTIMONY OF LOUIE L. HARGROVE, BIBB COUNTY HEALTH DEPARTMENT, MACON, GA [1]

Mr. HARGROVE. Hey there, Senator Nunn.

Senator NUNN. Glad to have you.

Mr. HARGROVE. First I would like to thank God for being here.

Hey there, Senator Nunn and staff. First I would like to thank God for giving me this opportunity to testify in front of you all.

I am a recovering addict. Like I said, my name is Louie Hargrove, I am a recovering addict. I was born in Macon in 1949. My parents was Henry and Ruth Benny Walker Hargrove. They was born and raised in Eatonton, Putnam County, Georgia. I have six brothers, three deceased, they are still in my heart.

My daddy was at the time what we called a weekend drunk. As I halfway got educated to the disease of addiction, I found out he was an alcoholic. I kind of remember he used to keep seven or eight half gallons of stump liquor, what you call moonshine, he would hide it from the police, you know. I was around 10 years old, and we would kind of watch him to see where he put it and, you know, like dad-like son, so we would go and steal it. All of us had a bunch of friends, being that many boys in the family—I do have two sisters, one younger than me—we would drink between myself and my brothers and all our friends, maybe a gallon. We did have sense enough to mix it back with water. He never did say anything about it. That kind of got me to drinking, just wanting to see what it was about.

As time went on, there used to be a gathering place for all mostly black kids, you know, there was segregation along then, late fifties and early sixties, we used to have one big playground, we might have volley ball, basketball we would play, you know. There was one lady was the supervisor, her name was Mattie Hubbard Jones. She would supervise 400 or 500 kids at a time for about 4 to 5 hours in the afternoon. We would hang out there during the day and the evening and night.

That is where I got my first marijuana cigarette, from a guy older than me that was a friend of one of my oldest brothers. I started smoking reefers, that went on into my teens. That started, you know, leading me into jails, mostly minor things, you know, I just had a bad attitude and the least little thing people said to me, I would fly off and get locked up for some reason.

My parents was always there enabling me, you know. I would call my mom, and she would do all she could to try to get me out, you know. Today, I know that was enabling me, it was not supporting me, it was enabling me and that kept my addiction going on, which I did not know I had an addiction at the time. I was uneducated to the disease of addiction. But you know, they was always there for me. And I kept on doing the same thing, expecting different results. You know, it was just progressing worser.

That went on, you know, I started drinking, it got worse; jail, institutions, fortunately it was not death. I do believe it should, but thank God, he did not see fit for me to leave this world. And I guess it is because he had a plan for me. And I believe this is my

[1] See p. 167 for Mr. Hargrove's prepared statement.

plan, what I am doing today, trying to educate other people, you know, that they can get off drugs if they want to, you know.

I used for about 30 some odd years, most all kinds of drugs, anything I thought would get me high. But I was scared of that needle. I had plenty of chance to use it, you know, but I never would stick that needle in my veins. I thank God for that, you know. But I used every other kind of drug I thought I could get high on. I drunk, I smoked, I sniffed—I am talking about all that within the same time frame, you know. I have had people to tell me, "man, I see why you are so crazy, mixing all that stuff together," you know. And I did have a reputation as being crazy. I thought I was crazy myself, I did not know I had a disease.

My family kept after me, after me to seek help, so finally I did go into treatment and I saw people that was in treatment that really cared, you know, really cared, wanted to help me with my addiction. So I kind of got halfway educated to the disease of addiction and started listening to what people were telling me and following the suggestions. I started to going to all kinds of meetings, you know. They told me I could have fun without getting high and I started going to just birthday parties, you know, people just celebrating, having a good time without anything to drink but coffee, Coca-Cola, soft drinks and so forth. It came a time where I could laugh, I could joke with people, you know, and did not have to be high and did not have to argue with people, did not have to get resentment. And I liked that way of life, you know, people come up to hug me, you know. It was unconditional love and I liked that because I never had that before. I always, you know, was a street person and I had to try to keep a fence in front of me to shield myself from other people, you know.

It just growed on me to continue to try to stay into the meetings, going to different meetings and the fellowship. You know, like days turned to weeks, weeks turned to months, months turned to a year, year to multiple years and today, thank God, I can say my last day of use was March 5, 1986. I have not used any mind or mood altering chemicals, and today I do not want any.

I go to any length to try to help somebody else that wants to get off dope. I tell them they ain't got to go through what I have been through. And me and Dianne, we are out there, our primary purpose is to try to educate IV drug users to the AIDS virus, but if a person is shooting dope, we tell them to seek help, that, you know, they can get some help if they want it, you know. But if they are going to shoot up, please clean the syringe, bleach—plain bleach is one thing that will kill that virus. But you know, it would thrill us to death to see them get some help.

You know, I get a lot of therapeutic value out of doing what I am doing. Today I am really dedicated to what I am doing. I get a lot out of it myself, you know. And today, I still mostly go to—well I am going to say it, NA at least one time a day. I have been doing that for the last 3 years plus, you know, and that keeps me clean. Treatment will keep me clean, it got me educated to the disease of addiction, but the meetings, they kind of—one addict helping another is what helps me because people in them meetings, they got similar problems like I got, to different degrees. They understand me, they do not laugh at me, they do not think I am crazy, you

know. That keeps me clean, keeps me, when I leave that room to come back out in society and be responsible and productive within society. And it do work, I am a living miracle of that.

Senator Nunn, I want to get a little bit into the criminal justice system since I have been in and out of jail. I just kind of feel like what would work is if they have more recovering addicts that is responsible—you know to work with people in prison and jails, what understand people, that experience the things they experience so when they do come out they know that somebody cares and there is a place that they can go and seek help. You know, I pray for that today, that people would be more accepting to recovering addicts and just give them a chance to help other using addicts, you know, whether it is in law enforcement or government or whatever.

A lot of people are still ignorant to the disease of addiction and they seem to, you know, turn their back on an addict. I know today I have a disease, I am not responsible for that disease but I am responsible for my recovery. And I try to do what I have to do today to continue to be responsible and productive in society.

And I would also like to thank my supervisor who gave me this chance, Emory Pitts. You know, there was a lot of recovering addicts that he could have picked, but for some reason he picked me. I am very grateful to him for that. Also Mr. Cecil Baldwin. They have been behind us 100 percent, you know.

I hate to say this, but it just seems like the community ain't behind a street team. Me and Dianne, we are dedicated to what we are doing. I am just going to give you an example, Senator Nunn. Sometimes me and Dianne will be on the street passing out literature and condoms. Dianne will try to give people literature and the condoms, they might take the literature, they will not take the condoms. Dianne, she gets red hot mad, you know. I say, "Dianne, just keep an open mind, if they take that literature and read it, if they have got any kind of sense, next time they are going to take that condom because they know they need it, their life could depend on it."

You know, we need more help, Senator. But I know we cannot save the world. And I thank you for giving me this opportunity to say what I had to say. I am just nobody trying to tell somebody something. Thank you, sir.

Senator NUNN. Thank you very much, Mr. Hargrove, for giving us your personal experience, and Ms. Bryant, your testimony is vivid, it is first-hand experience and I hope that through these cameras that sometimes we are afraid of, we can send your message out to the people of this whole area because it is a story that needs to be told and I know you are out there doing it every day. So we congratulate you for it.

Let me just ask each of you one or two questions and then we will go to our final witness. How did you decide to get off of drugs? Ms. Bryant first. What made you decide?

Ms. BRYANT. Well I guess like all addicts, I reached my bottom. About three quarters into my addiction, somehow or another I landed a real good job and——

Senator NUNN. What kind of job?

Ms. BRYANT. I worked at Brown & Williamson, that is a tobacco place.

Senator NUNN. Right.

Ms. BRYANT. They pay very high wages. I was mechanically inclined and I think they needed a woman for this particular job and I was at the right place at the right time, and I could talk a good game, especially during my addiction, I was real good at manipulating people.

So I got that job knowing it would help my addiction because Dilaudid at that time sold for $50 apiece and I needed to do about two—at least two of them a day. So I got that good job and I got a lot of money, my addiction got deeper and deeper and deeper and pretty soon, I was too addicted to work on days that there were not any narcotics in Macon, I could not go to work. Needless to say, I got fired for absenteeism due to my addiction. I had no money—working 3 years, I had a lot of possessions that I had accumulated and so I went through all my possessions, all my jewelry, I sold it, hocked it, and pretty soon I had no money. I was forced—I would like to tell you I was just an honorable person and I could see I was ruining my life, but that is just not the way it happened. I reached bottom and I had nowhere to go and I decided then I had better get some help.

Senator NUNN. Mr. Hargrove, how did you decide to make up your mind to get off drugs?

Mr. HARGROVE. Well Senator Nunn, you know, for a long time I wanted—I really wanted to get off drugs, you know, but I just did not know how. My family, you know, they kept after me, after me for a long time to get help.

Senator NUNN. That was your mother or——

Mr. HARGROVE. My sister. My mother, she died in 1987—not 1987, 1978 I mean, sorry. My father died in 1966.

I would go out and just mess up, you know, come back, people would go to calling her. I stayed with my sister, I had never been responsible until I went in treatment and that was in 1986. I had been staying with my sister and my brother, like I said, he enabled me, you know.

I would go out and just do crazy things and did not even remember doing it. I would be in blackouts. People would call her and tell her what I had, you know, did and so forth, and after I kind of come back to my senses a little bit, I would sit around the house and feel sorry for myself, but I just did not know what to do, you know.

That just kept going on, kept going on, getting worse and worse, you know. So finally one day, my oldest brother, you know, which might have been about the thousandth time he had told me this, he came over and asked me would I get some help if he would make all the arrangements. So I was just sick and tired of being sick and tired, and I did not know what to do, God knows I did not, you know.

He made all the arrangements for me to go into a treatment center. I just went to try to get them off my back, you know, I am being honest. But after I got in, I seen people did care about me and really wanted to try to help me. And I started going to meetings, I met people and they started doing things for me trying to

help me, support me, not enable me, you know. And I liked what I was into, you know, and I just started going to them meetings. I kind of got addicted to the meetings, you know, and I just started trying to be responsible, you know, and sometimes I pinch myself now, Senator Nunn, I really do not know why I stopped.

Senator NUNN. Let me ask you one other question, each one of you. Before you got addicted, before you started taking drugs, do you have anything that comes to mind that if it had happened to you would have helped prevent that from occurring? What could have prevented, if anything—maybe nothing could have—you from starting down the path of drug use? Mr. Hargrove?

Mr. HARGROVE. Well Senator, it was the environment that I was in, that is what they was doing and that is the crowd I hung with, you know, and I was younger hanging with older people because I had older brothers. They did it and I just wanted to do what they did, you know, and run with them. That is really I believe how it basically started. It just got progressively worse, you know.

Senator NUNN. Ms. Bryant, was there anything that could have prevented you starting drugs?

Ms. BRYANT. Well sir, I was thinking about that. I do not think so. I come from a very loving family, I am the youngest of six girls, we did not have a lot of money but we had a lot of love, lot of affection. And I think with me it was—I was just bound and determined to do what I wanted to do and at that time, I started real young, I wanted to fit in real bad and what we lacked in money I made up for in what I thought was cool. I thought I was just the coolest thing God ever let live. And keeping that kind of attitude, drugs was just a natural course for me to take. I cannot think of anything that would have prevented it. Maybe it is different now, because when Louie and I were growing up, there was not all that drug abuse information. Perhaps like they are doing now, they are teaching them to say no, little kids, before they are old enough to know how ridiculous that sounds. Maybe that would——

Senator NUNN. Did anybody ever tell you it was dangerous before you started?

Ms. BRYANT. I had enough sense to know that.

Senator NUNN. You knew it, but you did it anyway.

Ms. BRYANT. Yes.

Senator NUNN. Mr. Hargrove, did you know it was dangerous or did you just go along with the group and not realize it?

Mr. HARGROVE. Well you know, I did not know I was going to get addicted to it. I thought I could stop when I got ready.

Senator NUNN. Did you think the same thing, Ms. Bryant, that you could handle it?

Ms. BRYANT. I thought I could handle it, even after I went to treatment. I thought I learned enough to control my drug using in treatment.

Senator NUNN. Mr. Pitts, I know is in the audience back there. They have been bragging on you up here, I know you must feel good. We are proud of what you have done.

Next we have Ms. Pam Harvey-Church. I have had the privilege of visiting her operation and had a chance to hear her story and we are looking forward to you sharing it with all of us today.

TESTIMONY OF PAM HARVEY-CHURCH, HOUSTON COUNTY DRUG ACTION COUNCIL, STATEWIDE CONSULTANT

Ms. CHURCH. Thank you. Are you not tired?

Senator NUNN. No, I do this every day in Washington with a less pleasant crowd.

Ms. CHURCH. Good afternoon, to you and to everyone else. I am really pleased to be here to testify today. I have been asked to represent the community people's concerns about substance abuse and associated problems. In that regard, I am hopeful that I can do this assignment justice.

My name is Pam Harvey-Church, and for the last 19 years I have been a resident of Houston County, Georgia. In testifying to you today, I will not only be speaking to you from my professional experiences as Executive Director of HODAC, but also, and I think probably much more importantly, I want to speak to you today as a mom and as a human being.

This is not the first speech I wrote, but your wonderful staff encouraged me to be real and to put in more examples, so that is why my testimony grew from four pages to eleven. I also took that as an invitation to speak to you from my heart because what I really am is a child advocate and a believer in the power of prevention and in the power of people who will work together in a coordinated manner.

When I first became affiliated with HODAC, which is the Houston County Drug Action Council, 16 years ago, I was a concerned, but extremely naive Georgian. Fortunately for my education, I have been able to work for HODAC in several capacities: as a volunteer; teen pregnancy prevention counselor; hot-line worker; a Director of the Board. For the last 7 years I have been its Executive Director. To be honest, I have learned more about human need and pain than I would ever have liked to believe exists. Today I am being given the opportunity to speak for people in pain whose needs are not being met in our state and who have not been asked to testify for themselves today.

Specifically I am going to talk about our children. I think we all know why kids are not being heard. Frankly, I think it is because they do not have any power; they neither have money nor votes.

Maybe that is why they are ignored, but the tragedy is that they have hard times, they grow up and hurt themselves by becoming our teens who are pregnant, drug abusers, juvenile delinquent, drop outs, sexual abusers or violent. At that point, perhaps they do get our attention because then they are very impossible to ignore.

One fact I would like to share with you is that approximately 10,000 people in Georgia become addicted to drugs and alcohol every year, but approximately 85 percent never get help. What do they do? Well they die. These addicts impact both their communities and families in very negative ways. Their children are the victims of neglect and child sexual abuse. They are the witnesses of violence in the home and they are the victims of beatings.

I would like to give you some examples by telling you a story about one child I worked with who was a juvenile delinquent and I am going to call him Michael. I met Michael when he was referred to me by the probation office in our county. Although Michael was

14 at the time, he looked 10 or 11 years old. Michael was on probation because he had gotten into a fight at school with another child. One day when I was leading a group, the other kids were talking about their suicide attempts. While each showed each other their scars where they had cut on themselves, Michael pulled his shirt aside to reveal to us the bruises on his neck. He told us he had never tried to kill himself, but earlier in the week his mother had attempted to kill him. But he assured us it was only an accident because sometimes when she drank, she could not remember the things she did while drinking. These are called blackouts.

His story was as follows: Michael and his mother lived alone in a not very nice neighborhood in Houston County. His mom was a waitress and had to work late at night, but his probation officer told me she was also a prostitute. One day when he got home from school he was hungry. There was only one can of soup in that house. He called his mom and asked if he could eat it and she said OK. He asked her if she was sure that he could eat it. She agreed that he could and he ate it.

Later that night, he was awakened by his mom screaming at him. She wanted to know why he had eaten the only can of soup in the house. He reminded her that she had given him permission to eat it. In a fury, she began to strangle him and to get her away from him, he pulled out the gun which he keeps under the bed and shot at the floor. She then stopped and he took her back to her own bed.

Michael told this story in a very matter-of-fact way. I was compelled of course to make a report to DFCS about this incident. When they investigated, they did find the holes in the floor which they assumed were made by a gun, but the child refused to admit any sort of difficulty with his mother. He was also angry with me for reporting the situation and said that he was all his mom had and he would never tell anything that would get her into any kind of trouble. DFCS concluded the incident had never occurred.

Or there is Jill, a child from an upper middle class family who is divorced, who learned how to hotwire a car when she was 10 years old so she could go to the store and steal groceries for herself and her brother when her mother would disappear for days at a time. She was finally caught stealing when she was 12 years old, and put on probation.

Or what about the 15-year-old cocaine abuser who had a heart attack one day on the way to a shopping trip at the mall.

Or the above-average college student who was caught stealing from the cash register at her job to help support her cocaine habit.

Or the 14 year old referred by her mother who was frustrated by her daughter's anger. The child revealed that her dad was sexually molesting her when he "wrestled" with her. She said when she told her mother, her mother responded by saying it was just the way her dad liked to play. The child was finding relief from her pain through the daily use of Nyquil.

There are many thousands of children who are victims of child sexual abuse and who grow up believing they are bad or somehow are at fault for their own victimization. Researchers tell us that between 71 and 90 percent of teen girls and up to 42 percent of teen boys who are addicted to alcohol or other drugs, are victims of

sexual abuse. Is it any wonder these young people become abusers or addicts when we understand that it is through these chemicals that victims may find relief for the very first time to relieve their pain.

These are only a few of the numerous, numerous situations I have learned about since coming to work with HODAC.

HODAC is a unique organization which was formed out of community need in the early 1970s. We are a part of county government, but yet we are separate and licensed entity. This has allowed us flexibility of cash flow while pursuing a most unusual function for county government. HODAC is a treatment and outreach organization formed to coordinate our efforts with existing agencies, meeting community needs as we can, while not duplicating services that are provided by the State. This is a big challenge. In addition, the county government and HODAC's Board of Directors have been extremely generous in loaning me out to other organizations and communities in Georgia to try to help with their growing fears and frustrations about substance abuse and related issues.

Now I am going to go back a little bit to my original speech, so that you can understand how I have gotten where I am.

It has been my experience that in most communities, and even at the State level, State organizations, while busy fulfilling their State mandated obligations, fail to consistently communicate with each other. This lack of coordination throughout government seems to be the result of turf guarding when one group thinks another lacks the capabilities necessary to deal with the issue at hand or because one group is just plain jealous of another. Therefore, the focus on the client is lost in preference to the focus on the self.

What makes more sense to me is a coordinated strategic plan among peoples and government, especially when we are talking about an issue as complicated as substance abuse and its related problems. These most important issues really have no room for the turf guarder or for the jealous. What we need are those who are interested in achieving the goal; more interested in that than in their own glory. We also need people who can listen and learn from each other, such as you are doing. I totally appreciate this.

As a private, non-profit organization, we have been able to negotiate contracts for both local and statewide services with all divisions of DHR as well as with our state legislature and recently also with the Federal Government through the U.S. Department of Education. Therefore, we have been unique in our communications with state organizations, including all divisions of the Department of Human Resources, State Department of Education, Criminal Justice Coordinating Council, State Legislature and even recently the Governor's Office. This has provided us with invaluable perspective on the philosophies and politics of each of these groups.

Further, as a private non-profit, we have not been restricted in our outreach efforts. That means that as we have developed prevention and education programs, we have been able to share them with communities all over Georgia and are even beginning these efforts outside of our State and Nation.

I would like to take a couple of minutes to describe what we have learned as we have worked around Georgia providing teacher trainings for child abuse and substance abuse prevention curricu-

lums, and as we have responded to numerous speaking requests from communities searching for a solution to the substance abuse problem in their own area.

First, communities are frightened, they feel powerless and are overwhelmed with the drug abuse problem. They are ready and willing to do what they can to stop these problems, but feel little if any confidence in existing state agencies or state government to help them. It seems that in fact government has actually taken power away from communities.

Communities are asking for a model or models that truly can help them and want these to be presented in clear, concrete format. For example, if you wanted to bake a cake, you could get clear, concrete instructions from a recipe book. Communities want a recipe book for their own use in dealing with substance abuse and they would like the empowerment needed to bake the cake.

Second, community citizens and individual agency members are convinced that the State bureaucrats aren't solving the growing problems of substance abuse, but they may actively be prohibiting their solution. For example, there are almost no programs for our youth in Georgia.

Since 1984 HODAC staff have been training prevention curriculums for school systems in Georgia. To date, we have trained over 700 elementary school educators who work in approximately 40 systems.

Teachers all over this State have identified their needs as educators and as child advocates over and over again. They claim they can identify children who will grow up to be our troubled youth by the second grade, those kids who are later going to be our juvenile delinquents, our drug addicted, our violent, pregnant, suicidal or our drop outs.

Your staff asked me, Mr. Chairman, to tell you how can teachers identify these children, so when I was conducting a training last week, I told them I was going to be speaking to you for them and I asked. This is what they said.

Children who are in trouble are those who come to school and they are hungry, they are restless, they are angry. They were telling me about the extreme anger, even in a kindergarten level child. They resent authority, they are repeatedly tardy, they sleep in class, they are listless, they have non-supportive parents, they have no help with homework. What that means is they will come to school with no homework, it sort of disappears. They have no one reading to them at home, they have a very high irritability level. An example, if another child bumps into them, they will smack him. They have very sophisticated knowledge about drugs, they are constantly stirring up the class, they laugh to destroy any lessons being taught or they are good at figuring out the vulnerabilities of the other children and then they pick on them.

In addition, they agreed that when a drug bust had been done in their neighborhood, these children are very hyperactive, inattentive and just generally rude.

When I told the teachers that you might be interested in the above information, they instructed me to tell you that a veteran teacher can pick out these troubled kids by kindergarten. She or he would not have to wait until the second grade.

I then asked, what do you recommend we do to solve this problem. Here is their list.

First of all, have a breakfast program for kids that would be available free for those children who have no money. For those who are sent to school early, their parents could buy such a program.

Have a counselor in every elementary school to give individual and group counseling sessions to these kids.

Have an additional counselor or counselors for each school system available to respond to emergency-type situations.

They told me about a third grader whose brother shot and killed another boy last year in front of the school. The third grader came to school and threatened the teacher, ". . . if you say one word to me, I am bringing my gun and I am going to kill you too because my family does not mess around." There was nothing she could do.

Have a floating school nurse to take care of health care problems.

Get rid of parental permission requirements for kids that need help. Mr. Chairman, we have got to become our nation's children's parents. I think it goes back to basics. We must become our brother's keeper.

Teachers want to be a part of the solution to the school systems' problems. They are disgusted with not being considered professional.

And finally from these teachers, I asked them what percentage per classroom would they estimate these troubled children constitute. They guessed between 20 to 50 percent of every classroom.

It is unbelievable to me that these trained, caring and highly skilled professional group, who literally work with all of Georgia's children, cannot receive the assistance they are begging for. Further, my experience has been that after working with them for 3 to 5 days, they are motivated and committed to doing their part in any way they can, but with little exception, they receive no assistance or support from agency people.

Again, your staff asked me to give examples. I will give you one from my training last week. After 2 days of training, the teachers were beginning to feel confident in their knowledge of the drug abuse issue and were feeling excited about the opportunity to teach prevention curriculum to kids. They were eager to learn about what treatment services were available for those kids identified as needing help.

I asked a mental health professional to come to tell the teachers about the services offered. Although this person was very kind, she essentially burst their bubbles of anticipation about doing their part in stopping the drug abuse problem. She told them Mental Health really did not have much to offer the substance abusing child, and in fact without parental permission, there was nothing they could do anyway.

When she left, all the teachers were angry and one was crying. They said to me you built us up and now we wonder why we are bothering to do this training.

The training last week was done in Atlanta, and not in rural Georgia. When even people in as large an area as Atlanta cannot find the help they need, surely you can imagine the overwhelming

dilemma of rural Georgia. To compound the problem, we have learned that the Anti-Drug Act was not passed in the form anticipated, and now there is going to be even less money and therefore help, available for substance abuse services in Georgia.

Personally I am getting tired of working hard to motivate people like these teachers who are genuinely committed to kids, and to helping them fight the substance abuse problem and then being let down by our government.

Funding that is available is often thrown away. There are many examples, I am going to focus on just one. Currently there is money appropriated through the State for high risk kids. Money has been spent on such things as parties, and to sponsor a visit from Miss America. I am personally appalled. Though I am not aware of all that was submitted, I do know that some requests that could have had a positive impact on this State were denied.

Further, I am angered by the term "high risk" kids. My experience is that most kids can, under traumatic conditions, become high risk and that the term is being used to exclude rather than include Georgia's children from much needed services. In addition, the term is being used currently to promote treatment of the small population already being served rather than to prevent or intervene to reduce the number of troubled kids.

I would like now to focus on just one possible solution for the substance abuse problem from the community perspective. The key ideas here are coordinated effort, partnership and kids.

I would like to propose the funding of a complete HODAC type model. This would be a private, non-profit model which works through coordination of county and city government and which works in a coordinating manner with existing community and local State organizations and with community schools and churches.

The model would include enough staff to provide a resource for schools, churches, local State agencies, community agencies for a personal and hands-on approach with kids. These would be treatment as well as prevention and education staff.

There needs to be a focus on providing treatment services for all kids not eligible for mental health treatment. These kids must not be excluded from help or penalized because they have the misfortune of having non-supportive or dysfunctional parents.

Intervention and prevention efforts need to be provided for kids in grades kindergarten through 12. These efforts should be provided by the HODAC type organization in cooperation with the local schools. Prevention efforts must include both substance abuse and child abuse prevention.

These staff would also respond to the children identified by the prevention programs as being in need, and would work cooperatively with other agency people such as Mental Health, DFCS or the Juvenile Court service workers.

Education and training needs to be provided for teachers about the social issues impacting kids grades K through 12, so they can be the link needed between the schools and the HODAC type agency staff. In other words, after teachers are trained to identify kids with troubling behavior or symptoms, they can call on the staff to work with the kids. If appropriate, HODAC would refer

these children to other existing organizations, but the child in trouble would get help.

There needs to be treatment available for kids who do not meet the most in need criteria defined by the State, which essentially eliminates the majority of kids in need of treatment. The treatment offered should be either free or on a very reduced sliding fee scale so that no one is ever refused services. The treatment/outreach staff must be qualified to work with kids and their families.

The HODAC type staff needs to include a juvenile delinquent advocacy worker to be the link between the juvenile probation officers and the delinquent minors. The worker would ensure that kids get the services they require. For example, counseling, tutoring, health care, dental care, a job, whatever.

A thorough evaluation needs to be done establishing base line data and changes that occur with each of the HODAC type functions. I would recommend evaluators from one of the Georgia State colleges or universities.

And finally, a recipe book of instructions needs to be developed from the HODAC type model so that other communities can establish such an organization if they so desire.

I want to thank you again, and your staff, for asking me to testify today. It is good to see you again. If you have any questions, I will try to answer them.

Senator NUNN. Thank you very much.

Dr. Holloway, let me ask you a couple of questions. Have you found any common factors such as personality types or family history that would predict a tendency for people to go into drugs in the first place? Have you identified—we have heard from Ms. Church a list of items that she considers to be indicative of vulnerable or troubled young people. How about from the medical point of view?

Dr. HOLLOWAY. I agree with what she said about the school teachers being able to identify kids who are going to get into trouble. I think that is a care area that we could look at.

From the cocaine point of view though, I do not—my personal experience is that it is from alcohol in that more people are susceptible. We had a woman who gave a ride to a friend to a liquor store in an adjoining county. On the way back her friend asked her to pull over and talked her into taking just one "smoke" of crack. They smoked all the crack that the lady had. The woman driving the car had three kids and was married and never even thought about getting into drugs. When she got back home, she went to the bank and withdrew her joint savings account, a thousand dollars, and they spent all the money for the next week on crack. At the end of that time, she did not know who she had had sex with. She did not know exactly what she had done the whole week and she was not in a "high risk" group. I think that the addictiveness and the rush that people get from crack is putting kind of a different ingredient in the soup.

Senator NUNN. What about genetics, do you believe that we are going, through science, to be able to have in the future, if we really concentrate resources on it—I have read several articles indicating that some in the scientific community believe that we can develop ways of testing people who may be subject to addiction in advance.

Have you heard much about that? Do you have any hope for that kind of scientific breakthrough?

Dr. HOLLOWAY. Well I think with alcohol, there is increasing evidence that there are some enzymes that are missing or different in people who end up being alcohol abusers, the monamine oxidase inhibitors and things like that. But again, with crack, I am not sure that that is going to be the case. We see crack in many of our rural areas being the first drug, rather than the entry level drugs that people were talking about before, you know, the alcohol, marijuana and then on to crack. The marketing techniques that the dealers use to attract new users, make many people vulnerable. So I am not sure that science is going to help us a lot.

Senator NUNN. What about that young woman you talked about that was not in that culture, did not have any obvious tendencies toward that. Is this a failure of public information or—should she have not known immediately before she took that that there was a danger, if we had really done the job with education and public information?

Dr. HOLLOWAY. Yes, she should. Public information though, for example, as you know, has limited success. If all the folks were using condoms, our syphilis would not have gone up 1,000 percent. Our public information is really not getting into the high risk areas. We are reaching middle income, educated people. If we start intensive programs in the school, we are missing all the kids that drop out of school, which ends up being the highest risk group. So I really do not know the best way. I think the street team is a perfect example of getting into a community that really does not get that kind of information any other way.

Senator NUNN. Do you think America, our country, this Nation we love, is more susceptible to drug abuse and alcohol abuse than other countries? Is there something in our society that is making us move in this direction more rapidly than other nations?

Dr. HOLLOWAY. I just got back from the International Conference in Montreal on AIDS and, of course, there is a lot of alcohol and drug abuse in other countries. We had a similar use of alcohol and drugs in the late sixties as did Sweden. They started a really intensive program in their schools. They have also started needle exchange programs and programs that would be very controversial in this country. Now, in the 80's, their young people have lower levels of use. I am not sure what has been the impact of the increase of children in poverty and from single parent homes. This has been a tremendous social change that our country has experienced over the last 20 years that European countries have not experienced.

Senator NUNN. You think the breakdown of the family has got something to do with it?

Dr. HOLLOWAY. I sure do.

Senator NUNN. Does Sweden legalize drugs?

Dr. HOLLOWAY. No, they have not moved to legalization. They do have needle exchange programs and some countries are talking about the registration of addicts. But we do not have a corollary with crack as we do with methadone and heroin because there is not a drug right now that we can use to give to do away with the crack craving. But you know, in England, they have had registra-

tion of heroin addicts for a long time and have actually given heroin to registered addicts.

Senator NUNN. How has that worked?

Dr. HOLLOWAY. Well again, I think you could talk to people who were on both sides of the fence about it, but the people who are involved with those programs feel that while it may not treat the individual, it decreases society's side effect from that individual using because they are not into the crime scene and they are not having to steal to get their drugs.

Senator NUNN. Mr. Hefner, what kind of success rate do you have in treating crack? You mentioned a little awhile ago that we know what to do if we get the resources to do it. What can you do to treat crack? My impression is it is extremely difficult even with the resources.

Mr. HEFNER. Well first of all, we have a very poor success rate in short-term treatment programs. So if we send them to a 5- to 7-day detoxification program and then into out-patient, we have a fairly poor recovery rate. The longer they are in treatment increases the probability of successful recovery. So we have some that we have sent to halfway houses and so forth around the State and they have been there 4 to 6 months and we have a fairly high recovery rate for those people. If we give them a long period of stability, the absence of drugs, it increases the recovery.

Senator NUNN. Do you have a price tag—you gave a list of things you believe ought to be top priorities, I was very impressed with that sense of knowing where you think we ought to be going. Do you have a price tag in Georgia for that, or even in your region? If we took the steps you are advocating, do you have any—are we talking about millions of dollars, hundreds of million, billions—just Georgia, not the whole Nation?

Mr. HEFNER. Certainly millions. In my region, which of course my population counts to 100,000. My present substance abuse budget is around $1.5 million. To do what I need to do would cost at least that much again.

Senator NUNN. You need to double your budget.

Mr. HEFNER. Yes, sir.

Senator NUNN. Do you have any idea how much the budget is over the whole State for people that are in your work?

Mr. HEFNER. My understanding now, and this has to be an estimate, is around $200 million.

Senator NUNN. You are saying in Georgia you would be talking about doubling that?

Mr. HEFNER. Yes.

Senator NUNN. To about $400 million.

Mr. HEFNER. Yes.

Senator NUNN. What would that enable you to do?

Mr. HEFNER. It would enable me to have after-school programs for children in trouble, it would enable me to put intervention programs and early detection programs in the schools, to have an ongoing educational program for teachers, counselors and parents, in a prevention/early intervention context. It would enable me to extend the residential care longer than 28 days or 42 days, whatever.

So it would enable me to expand a wide variety of services and to get into service areas where we have no capability at the moment, especially in the prevention/early intervention.

Senator NUNN. Dr. Holloway, you have things you obviously think need to be done in your area. Have you got a price tag for what you believe needs to be done in your area?

Dr. HOLLOWAY. Well unfortunately, it is so tied in with collapse of health care in the rural area that it is hard to put a price tag on the whole picture. As was mentioned earlier, health insurance companies are cutting back on what they will pay for for drug abuse treatment. We are getting more people into our public sector from companies, people who are discharged from work and lose their insurance. Our rural hospitals are having financial problems and I really think until this whole health care issue and access to health care to all Americans is addressed, it is going to be hard to pick it out and say that we need this much money.

Senator NUNN. What you are talking about is hundreds of billions, are you not?

Dr. HOLLOWAY. Unfortunately I am afraid so.

Senator NUNN. What Mr. Hefner is talking about, if you multiply that times 50 States, you would be talking about, if my arithmetic is correct, probably—if Georgia is average and it may be below or above—somewhere in the $10 billion category. Mr. Hefner, is that arithmetic correct, 50 times 200?

Mr. HEFNER. Yes.

Senator NUNN. Okay. Now Ms. Harvey, you named a number of things you were talking about there. Have you got a price tag for those in your area?

Ms. CHURCH. I do not have an absolute figure, but I think it is tremendously less—just tremendously.

Senator NUNN. Tremendously—

Ms. CHURCH. Less than what you are talking about. This is because what I am proposing is not bureaucratic but rather a means of working with bureaucracies. What it means is that we are not constrained by some of the time that Mr. Hefner was referring to. When I hire somebody, I get 100 percent out of them because I do not have 80 percent paperwork requirements. All we have to achieve is quality.

The criteria with us is if we do not do good work, nobody will use us, because we are not state mandated, we do not have to be. What we have done is spend time getting our programs evaluated. We have the only sexual abuse prevention program in the world that has been validated and found effective. That is why we are doing international work now.

Senator NUNN. But you are talking about a number of people here, you say have a breakfast program for all children, have a counselor in every individual—every elementary school, have an additional counselor for each school system, have a floating nurse. You are talking about people, somebody has got to pay them.

Ms. CHURCH. Yes. There are two proposals. What the teachers recommended was one thing that I think should be funded through education. The other is a community-based organization that would provide some relief work there. We could provide the emergency counselors, for example. We could either supplement existing coun-

selors or be the counselors in the areas that do not even have them. We would not provide the nurse. That would be the school's responsibility. What I am talking about is coordination and filling gaps—that is what HODAC does. For example, even with Macon's strategic plan, which is outstanding, they still have gaps. We could fill it. That is the kind of thing I am talking about.

Senator NUNN. What is your budget per year?

Ms. CHURCH. Well if you eliminate the Governor's line, it is half a million, and we are doing statewide work.

Senator NUNN. Could any of you use young people on a full time basis if they were given four or five weeks of training or six or eight weeks of training? By that I mean something like the national service youth corps that we have in mind. I am not talking about college graduates now, I am talking about young people who are high school graduates.

Mr. HEFNER. Senator, if I might address that. We do that now. Many of our young recovering people, after they have a period of time in recovery, we find part time positions for them within the program.

Senator NUNN. You pay them?

Mr. HEFNER. That is correct.

Senator NUNN. What I am speaking of is people that would be basically funded by the Federal Government. Could you use more young people.

Mr. HEFNER. Absolutely.

Ms. CHURCH. I think we could also use more older people, senior citizens.

Senator NUNN. Retired community?

Ms. CHURCH. For some of these foster grandparent programs that are so effective.

Senator NUNN. Right. Mr. Hefner, how many people would you need to augment what you have got? How many young people could you use in your 100,000 population? Let us say that they were high school graduates and you had four or five weeks of training.

Mr. HEFNER. I have eight counties and right now I have seven young people hired who are doing peer counseling in the high schools and so forth in eight counties. So I could use 15 or 16 in the eight counties.

Senator NUNN. About twice what you have now?

Mr. HEFNER. Yes, sir.

Senator NUNN. Dr. Holloway, is there a role for young people in your rural health delivery programs?

Dr. HOLLOWAY. Yes, I certainly could use young people in our mental retardation day service centers and our chronically mentally ill day treatment centers, and with some of our public health programs in checking on the elderly. One huge problem we have is just keeping track of a lot of elderly people who live alone and we could use the young people in those sorts of programs.

Senator NUNN. Ms. Bryant, Mr. Hargrove, how dangerous is it out there on the street for you in what you are doing?

Ms. BRYANT. Well sir, I feel like it could be dangerous. We go into, like I said before, go into neighborhoods, we witness drug deals going down and of course a drug dealer, he does not want

anybody on his turf and right off we let them know that we are not the law and what we are there for, so—I think now it is getting less dangerous because they are used to us now. In the beginning, it was kind of scary, to tell you the truth. While we were training, a guy threw down with a Uzi on another guy and we had to like scatter, so we would not get shot. But I think it is fairly safe for Louie and myself, because we go into streets that we came off of.

Senator NUNN. You know the people.

Ms. BRYANT. Yes, sir.

Mr. HARGROVE. Senator, you know, like Dianne said, we try to let people know what our primary purpose is, we are there to try to educate people about the AIDS virus and if they have got a drug problem hope that they will get some help. We also give them a slip, if they have got a drug problem and want some help, to call this number. But it is getting worse out there, it is dangerous really, but like Dianne said, we growed up in the street and——

Senator NUNN. Is the problem on the street of drug addiction worse than it has ever been right now?

Mr. HARGROVE. Yes, crack, progressing worse every day. People will do anything to get it, it is real addictive, you know, about five times stronger than cocaine.

Senator NUNN. Without getting into all the budgets and—you have already declared you are not an economist and not very interested in that—if you had additional money to spend; treatment, education, law enforcement—generally speaking, Mr. Hargrove, where would you spend the additional money today?

Mr. HARGROVE. Well Senator, you know, from experience I know what works today, recovering addict, getting the message out to other people. Just being an example, they see that a recovering addict is an example that they are off of drugs and being responsible out there in society, they will listen. They are not going to listen to somebody with a police uniform on, they are not going to listen to the doctor, not going to listen to the pastor, but they will listen to another recovering addict.

I see it happen every day. Like I say, I go to a meeting every day with other recovering addicts and we understand each other, and we have what you call going the 12 steps. That is what an addict out there uses and we go to them and try to get them to seek help. That does not have anything to do with the AIDS virus, you know, we just do that on our own. Like I said, the therapeutic value of one addict helping another addict is without parallel. We do it on our own because we care, and we go and try to get them—you know, if we have to go get them and take them to treatment, we will do that; get them to a meeting, we will do that. Whatever we have to do, we will do it, you know. And it does work, people stay clean by working the 12-step program. You know, they come in fresh out of treatment. Like me, I have got 3 years and I was out there over 30 years and everybody that knows me knows what kind of shape I was in. I know what works.

Senator NUNN. Do you agree with that, Ms. Bryant?

Ms. BRYANT. Yes, sir, but I believe that different things work for different people. I do not think there is a recipe per se, I do not think there is a way to do it, I think that anything and everything in the way of legitimate treatment, I think we need it. Some

people—although the fellowship, in my opinion, that has the best rate for recovery, AA, NA, that—people do seem to—when they use that 12-step program, it does seem to work. But then there are people that that did not do it for them. That is the reason a lot of people are negative, have negative thoughts about the methadone centers, they think you are just feeding an addict drugs, I do not understand it. But some addicts have been using all their lives. When they began socializing, they began using, and for some of us like myself, I did not—I did not stay straight long enough to know what it was like to be straight, until I got on the methadone program and then I stayed straight because—well I had to, it was the rules.

Senator NUNN. Can you get off methadone once you are on it?

Ms. BRYANT. Yes, sir, you can detox. That is the ultimate plan, is to go into the methadone program and stay straight, even though you think you cannot not take drugs, so they give you the methadone and pretty soon—it does not get you high, it is more like a blocking agent, you will not get off on narcotics any more, you do not feel the effects of narcotics if you are taking methadone. So consequently you are not going to spend the money—a lot of them still will until they realize they are wasting their money. And so you quit doing drugs long enough to realize that it is not so awful being straight, there are a lot of good things going on out there.

Senator NUNN. I think we ought to close on those upbeat remarks.

Dan Rinzel.

Mr. RINZEL. Thank you, Mr. Chairman. Dr. Holloway testified that he did not think we really had a good treatment program for crack addiction and I was wondering what is the recovery rate of people who go through the 28-day program for crack addiction? What is the percentage who go back to use?

Dr. HOLLOWAY. We have not done systematic studies but we did follow up 12 individuals who were in a youth development center who went through a 90-day incarceration with treatment. We followed them up at 6 months, 12 months and 18 months. At the end of 18 months, we had one individual who was still not using, the other 11 had returned to use. The one individual's parole officer was his ex-principal from school and had a real personal interest in him and, as he said, was on his back all the time. So you know, that is not a very valid statistical study, but it is pretty dismal when you look at 11 out of those 12.

Mr. RINZEL. There is no methadone for crack use, there is no antabuse like there is for alcoholics. Does that suggest that we ought to be putting more effort into research into this whole area?

Dr. HOLLOWAY. I definitely feel that research in the whole field of neurotransmitters and what crack addiction does is critical. There are some people who are saying, you know, that you should give patients certain nutritional building blocks for dopamine, nutritional supplements, and that this makes a big difference. Somebody else says that the drugs that help block Parkinsonism help in crack addiction. Other people are saying certain anti-depressants are the way to go. So from different centers you can read studies that those centers claim, are the answer, but we do not have any

real good national studies. I really wish NIH would really put this on a fast track.

Mr. RINZEL. Thank you, Mr. Chairman.

Senator NUNN. Thank you, Dr. Holloway, Mr. Hefner, Ms. Church, Ms. Bryant, Mr. Hargrove. We appreciate you being here. You have been a great help to us.

We will continue these hearings on Wednesday, June 28 in the Georgia State Supreme Court Building, Sixth Floor, State Judicial Building in Atlanta, Georgia. I hope all of you will feel free and will get in touch with us as you have other ideas and other information, because obviously we are going to be looking into this subject and trying to deal with it legislatively for a long time.

We appreciate very much you being with us.

VOICE. Senator Nunn, do you mind if I have a few words to say?

Senator NUNN. Sir, I will be glad to talk to you right after the hearing, but I am going to have to break it up right now. I will be glad to talk to you.

[Whereupon, at 1:43 p.m., the Subcommittee adjourned subject to the call of the Chair.]

DRUGS AND VIOLENCE: THE CRIMINAL JUSTICE SYSTEM IN CRISIS

WEDNESDAY, JUNE 28, 1989

U.S. SENATE,
PERMANENT SUBCOMMITTEE ON INVESTIGATIONS,
COMMITTEE ON GOVERNMENTAL AFFAIRS,
Atlanta, GA.

The Subcommittee met, pursuant to notice, at 8:30 a.m., in the Georgia State Supreme Court Room, 6th floor, State Judicial Building, Atlanta, GA, Hon. Sam Nunn (Chairman of the Subcommittee) presiding.

Present: Senators Nunn and Roth.

Staff present: Eleanore J. Hill, Chief Counsel; John F. Sopko, Deputy Chief Counsel; Mary D. Robertson, Chief Clerk; Alan Edelman, Counsel; Leonard Willis, Investigator; Cynthia Comstock, Staff Assistant; Daniel F. Rinzel, Minority Chief Counsel; Carla Martin, Assistant Chief Clerk to the Minority; Jennifer Jones and Scott Williams, office of Senator Sam Nunn.

OPENING STATEMENT OF SENATOR NUNN

Senator NUNN. The Subcommittee will come to order.

Today the Permanent Subcommittee on Investigations will focus on the impact of drug abuse and violent crime on the Atlanta metropolitan area. On Monday of this week, the Subcommittee met in Macon, Georgia and examined the extent to which the drug epidemic, particularly crack cocaine, has reached record levels in rural communities throughout the State. During the course of that hearing, we heard not only of the frustrations, but also of the efforts of rural communities to come together to combat drug abuse at the local level.

We are pleased today to have as our first panel of witnesses the Honorable Romae Powell, Judge, Fulton County Juvenile Court; Mr. Robert Hightower, Director of Public Safety from Cobb County; Mr. David Evans, Commissioner of Corrections from the Georgia Department of Corrections; and Major Julius Derico, Special Investigations Section, Atlanta City Police Department. Judge Powell and gentlemen, we are delighted to have you join us this morning.

We are looking forward to hearing your perspectives as to how the drug epidemic has affected the Atlanta area, the metropolitan Atlanta criminal justice system, and to hear any recommendations you may have on the kind of strategy, programs and plans needed to address the increasingly frustrating cycle of drug abuse, crime, and violence.

If you would like to come up and take your seats, I have an opening statement this morning; but you could come on up and take your seats, and we swear in all of the witnesses before the Subcommittee in Washington, although we are out in the field, and so when you take your seats, if you will hold up your right hand, I will administer the oath to all of you.

Do you swear the testimony you give before the Subcommittee will be the truth, the whole truth and nothing but the truth?

Judge POWELL. I do.

Mr. HIGHTOWER. I do.

Mr. EVANS. I do.

Major DERICO. I do.

Senator NUNN. Thank you.

In Macon, on Monday, we heard numerous suggestions on how we, as a nation, can improve our anti-drug effort. I am sure we are going to hear a number of other suggestions here in Atlanta this morning.

From local officials, we heard calls for more community-based, comprehensive anti-drug strategies at the local level and for the direct funneling of federal funds to local, as opposed to state, governments. From educators and treatment specialists, we heard calls for more resources and less bureaucratic red tape. From law enforcement officers, we heard calls for more prison space and more drug education for our young people. Finally, representatives of two private businesses who have initiated their own employee drug testing programs asked only that the federal government let them alone to continue the programs as they see fit.

This morning, we turn our attention to the tragedy and destruction that drug abuse brings to urban areas such as Atlanta. Both of these hearings are part of a year-long investigation that the Subcommittee and the General Accounting Office are conducting on the national impact of drug abuse and violence. Both hearings highlight the extent of the problem as well as the inter-relationship between the narcotics problem in rural and urban America.

During last year's debate on the Anti-Drug Abuse Act of 1988, we received numerous reports that our nation's criminal justice system was bordering on the verge of collapse due to the drug epidemic. The American Bar Association, in a study released this year, concurred in that and recommended that we rethink our entire national anti-drug strategy.

In order to do that, we need to have certain basic knowledge as to not only the scope of the problem, but also the effectiveness of proposed solutions. Earlier this month, this Subcommittee held hearings in Washington on the military's new mission in the drug war. We heard several suggestions in Macon on Monday as to how the military could be more involved.

Members of the Subcommittee were perplexed during the hearing we had in Washington to hear that the General Accounting Office believed, and they testified to this effect, that our Government has not gathered some of the most basic data needed to make policy choices on allocating federal resources to the drug war. We literally do not know what works, what works well, and what does not work at all. We simply do not have the facts as to the effectiveness of the dollars that are now being spent. Because we do not

have an accurate measuring stick of success and failure, we do not know what the consequences will be from increased funding for a particular program.

That has been the fundamental flaw affecting our Federal strategy, or lack thereof, that I hope we can begin to address in the hearings this week. We are here to listen to State and local officials, community leaders and private citizens who must daily address the wave of drug abuse and violence. We are here to listen, to listen not only to your problems and frustrations, and I know there are many, but also your successes and suggestions for possible solutions.

As most Americans have come to realize, drug abuse presents an insidious threat to our country and, in particular, to our country's major cities. From our families to our schools to our work places, from public sector to private sector, every institution of community life is touched. I believe that the drug abuse problem is the most serious problem facing our Nation today.

The problems Atlanta faces are the problems faced by every major city in America to some extent. The numbers may be different, but the trends, unfortunately, are all too familiar and they are all in the same direction.

Cocaine abuse has skyrocketed, propelled in large part by an explosion in crack usage. Drug-related crime and violence are overwhelming the ability of our law enforcement officials to cope. They have especially overwhelmed our state and local law enforcement agencies who handle over 95 percent of all drug arrests—and I can say to officials in law enforcement here in the urban area that your counterparts in the rural areas are just as frustrated. As a result, our police in many cases find themselves not only outmanned, but also outgunned. Our courts are clogged with drug cases and our prison system is overflowing with inmates.

In the City of Atlanta, drugs have become the number one law enforcement priority. Even with this emphasis though, our law enforcement officials have told us that there is little more they can do but put out small fires, the best they can hope to do is contain, not solve, the problem.

In Fulton County, the number of drug-related criminal cases is so overwhelming that the judges of the Superior Court have warned that they may be forced to postpone handling civil cases in the future because of the flood of drug cases.

We have been told that in our local county and state prisons, we have reached such overcrowding proportions that some criminals now prefer jail time to probation, because they know they will be off the hook sooner from a jail sentence than from a probated sentence.

While this epidemic of drug abuse and crime has exacted a heavy toll on the institutions that make up our society and our system, perhaps even more devastating is the societal cost in human terms.

For example, there is the growing number of victims of drug-related violence who are flooding the hospitals across the county here, and that is true in many areas of our country.

Officials from Grady Hospital here in Atlanta report that patients with multiple bullet wounds, often from automatic weapons, are no longer uncommon in their emergency rooms. The vast ma-

jority of these casualties they report are as a result of drug-related violence. At the same time, on any given day, approximately ten percent of the admitted medical patients at Grady Hospital are there as a result of drug-related ailments.

There are thousands upon thousands of addicts who every year languish on waiting lists without ever receiving residential treatment services. Many, out of desperation, sleep in the lobbies of these facilities hoping for a bed to become available. Most, however, will end up returning to the streets where they are once again lost to the cycle of drug abuse.

There are the children who are growing up learning that drugs and violence are the surest and easiest path to success. As drug-related criminal activity has increased, the age of those involved has decreased. Police officials are now reporting that children as young as eight years of age are working as bag men and lookouts for drug dealers.

Judge Powell of the Fulton County Juvenile Court, for whom we will hear from this morning, tells us that 50 percent of her delinquency caseload is now related to drugs.

Today on the streets of Atlanta, we have reached the point where children are killing children. While we may shake our heads in dismay, as we watch the television reports about armies in countries like Iran and Iraq who are putting children out on the front lines, we do not have to look at television, we can look at our own city streets to see children being used as foot soldiers by the warlords who are the drug dealers.

And, finally, and perhaps most disturbing of all, there are the infants whose lives are forever scarred as a result of their mothers' addiction. We are seeing more and more infants born weighing scarcely more than one pound, who are physically and mentally handicapped, who are addicted to drugs from birth, and who may even have been born with the AIDS virus. Not only do these children face a lifetime compounded by physical handicaps, but they are likely to be subjected to neglect or abuse as a result of their parents' addiction. Much of the deprivation caseload of the Fulton County Juvenile Court is apparently the result of parents whose addictions have taken precedence over their children.

It would be easy to look over the landscape of our cities and to see nothing but a wilderness of despair. And yet, in the midst of that wilderness, there are seeds of hope. The seeds of hope are planted by the dedication of men and women like those working at the Fulton County Treatment Center. Some of them are former addicts themselves, they are helping people regain control over their own lives. The seeds of hope are planted when, as in one case, a 30-year old woman, who had grown up in the housing projects of Atlanta and who had been an addict for over half her life, turns her own life around. In that case, the woman successfully completed a treatment program, gave up drugs, and eventually worked her way up from a job in a hotel laundry room to a skilled position in the hotel's communications department. So there is hope and there are people who have turned around their lives.

The seeds of hope are planted by programs such as those run by the Atlanta Housing Authority, programs such as Parents and Youth Against Drugs and Drug Free Summer Camp which seek to

target at-risk children in our housing projects, turning their negative lifestyles into positive living experiences.

The seeds of hope are planted by programs such as the Cobb County Schools Crisis Intervention Center, which identifies at-risk students and channels them into treatment before their problems reach crisis proportions.

And, the seeds of hope are planted by efforts of those community leaders whose tireless efforts raise the consciousness of the community to the enormity of the problem we face. Their efforts help us realize that our only real hope of ridding ourselves of this menace is through total community involvement—total community involvement, nothing short of that.

I was encouraged in Macon, Georgia on Monday in two particular aspects. One is, I heard from law enforcement officials that in the last couple of years the public and communities where they have major drug problems, those citizens are beginning to really help law enforcement. Those citizens have reached the sense of outrage that tells them that they are going to have to participate and they are going to have to help, many times at some considerable risk, and so the citizens are beginning to help law enforcement and I can assure the citizens who do that that they are making a very meaningful contribution in this fight.

The other encouraging news I heard from Macon was that the business community is willing to participate and help with funding, and not only with funding, but with time; with time for themselves and their employees.

We heard from two businesses that have gone into extensive drug testing at considerable costs, and retraining and treatment for people who cooperate and turn themselves in. So the business communities of our state, I believe, understand and realize that the economic costs in the long run of doing nothing greatly exceed putting up some money and time and effort now, and I find that a strong indication of hope.

So the seeds of hope are being planted. We must nurture these seeds. We need to do all we can to allow them to grow and to bear fruit. It will require much effort on our part. It will require the concerted efforts of Federal, State, and local governments. It will also require the effort of communities, neighborhoods, businesses, churches and individuals who are willing to take responsibility for their lives and for their future.

Our task is not easy, but if we are successful, we will reap the richest of harvests. We will be able to give the future back to our children.

All of today's witnesses will illustrate the crucial importance of making the right choices about the allocation of scarce resources in the drug war. There are many areas that need more money and greater attention. In fact, I would say every area needs more money and greater attention. There are many areas that we have to sort out and decide which is priority. Our most difficult task is to identify and support those programs which, in the long run, have the best chance of decreasing drug abuse in this country.

Now, I do not expect today's hearing to provide any simple answers to the drug problems in our country. The problems are too pervasive and complex for there to be easy solutions. But I do hope

you will have some tentative suggestions to a series of questions we and our new Director of National Drug Control Policy, William Bennett, need to address in developing a successful national drug strategy. Director Bennett, who will be joining me this afternoon, is tasked with drafting a comprehensive and effective national drug strategy by September of this year, and reporting that to President Bush as well as to Congress. To do that, Director Bennett has to ask some fundamental questions, which, in spite of 25 to 30 years of fighting drugs in this country, have never been answered.

First of all, who is in charge of our drug strategy at the Federal level? Is this really a war on drugs as we have heard five Presidents now declare? If it is, it seems we have 16 to 20 separate generals in command. We do not have a chain of command and if it is a war, we need one.

We have no organizational chart, no battle plan, no comprehensive strategy, no sense of real priority. If we fought World War II the way we are fighting the drug war, we would now have a different country, because we would have lost. Obviously, we need to put our Federal drug program in order if we are ever going to help our state and local communities.

The second major question, what is the proper role of our military in our Nation's war on drugs? Congress addressed that last year in the 1988 drug bill, and we need to explore to determine if we went in the right direction, or if there are other directions that will be more meaningful.

Last year, we assigned three new missions to our military forces. We made the Defense Department the lead agency for the detection and monitoring of all aerial and maritime drug smuggling. In other words, all ships and planes coming into this country, the Defense Department is statutorily charged with the responsibility of detecting and monitoring those flights and turning over that information in a real time sense to the Drug Enforcement people.

We also gave the Department of Defense the responsibility to set up and integrate all command, control, communications and technical intelligence assets dedicated to drug interdiction into an effective communications network.

Lastly, we ordered the Department to enhance the role of our National Guard in support of our law enforcement agencies' anti-drug efforts. I would also add that 2 years ago, we put in the conference—it was my provision—we put in the conference a provision that on every major ship in drug infested waters there is a Coast Guard contingent that is authorized to make arrests, so every major ship out there in drug waters has the ability to pull over suspected ships and to have people on board who can make arrests. We need to get our military more involved, but we need to do it in a careful and a meaningful way.

Another major basic fundamental question. How do we measure success? How will we know if we are beginning to achieve success in this drug war? We know now we are not, but how would we know if we were? Is it the price of drugs on the streets? The purity level of drugs that we look at right now? The price is at an all-time low and the purity level is at an all-time high; so we know we are not doing well there. Is it also a good indicator to take a look at

hospital emergencies, the Drug Abuse Warning Network, or do we have better ways to measure our fight against the drug plague?

And, finally, the bottom line is, what works and what does not work? We need to know this, we need to have a sense of what is working out there before we simply throw money at the problem, although money is desperately needed. For example, we are now being asked to buy $124 million in radar balloons and surveillance planes. That is one of the recommendations of our military. They want to put balloons up to look for small aircraft. Now, we could take that same $124 million and we could provide 7,500 patient years of inpatient drug treatment, or 27,500 years of out-patient drug treatment, or we could add an additional almost 9,000 prisoners in a medium security prison for a year, or we could hire 6,200 local police officers. What is the priority for the expenditure of our money? These are not easy questions.

We can not do everything, but what we can do, we must do and we must do it better. I am hopeful that this hearing will help us to begin to gather the information necessary to quit shooting in the dark when setting priorities in the drug war. We need the benefit of the knowledge of the state and local people, we need the experience of those on the front lines in this battle, as we have here today, to take a focused and effective look at our drug strategy that we must develop if we are going to be effective.

In closing, I want to thank Chief Justice Tom Marshall of the Georgia Supreme Court for his cooperation in making these facilities available for our use this morning. His assistance, and that of his staff, has been invaluable in making this hearing possible.

I also want to thank my colleague, Senator Roth of Delaware, who will be landing at the airport in just a few minutes. He is the ranking Republican on the Permanent Subcommittee of Investigations. He and I have worked together for years in a totally bipartisan fashion in drug investigations as well as many others. Dan Rinzel of his staff is here representing him, and I thank you, Dan, for your cooperation, and Eleanore Hill, on my staff, and, Eleanore, all of your people—we are grateful to them for setting this up.

Senator Roth and his staff have worked with us closely on these hearings and he will be joining us a little later.

With that rather lengthy opening statement, which I do not always do, but I felt the need this morning because of the importance of this subject, we will now turn to our witnesses. We have already, I believe, sworn them in, and Judge Powell, we are delighted to have you here this morning and we appreciate your cooperation and your staff's in helping to arrange this hearing and being here this morning in person, and we look forward to hearing from you first.

TESTIMONY OF JUDGE ROMAE T. POWELL, FULTON COUNTY JUVENILE COURT [1]

Judge POWELL. Thank you, Mr. Chairman. I am very pleased to have been asked to come and testify before this committee because

[1] See p. 169 for Judge Powell's prepared statement.

I think that what happens in Fulton County is reflective of what happens in the entire State of Georgia where children and families are concerned, and we have found in Fulton County, which comprises most of the City of Atlanta, that drugs have reached an epidemic proportion and we feel that if the United States is to continue to be world leader, we have got to solve the problem, or find some solution to this problem. We find that drugs are in all segments of our society in Fulton County, all economic levels, all races, colors and creeds and all age groups. We have found that it begins sometimes as early as age 6 or 7, and it goes from there on up.

In 1986, the National Council of Juvenile and Family Court Judges surveys its members in all 50 States and we found that Judges across the Nation estimated that substance abuse was a significant factor in 60 to 90 percent of all the cases in their courts.

I came back to Atlanta and I started discussing with several of our Superior Court Judges and many of them told me something of the same nature, that 50 percent of their criminal calendar involved actual charges of drugs and of the other 50 percent of their criminal calendar, about 30 to 40 percent they found other offenses where drugs were actually related. But I then looked at the Statistics of the Juvenile Court and I found that we also experienced the same thing.

In 1986, there were 114 drug offenses referred to our court. In 1988, 456 drug offenses. These are actual drug offenses; that is abuse, possession, trafficking or sale of drugs. That is an increase of 122 percent, and for the first five months of this year, we have seen 397 drug offenses which have already been referred to our court.

During this same period of time, drugs were involved in the increase of homicides and violent bodily offenses from 774 offenses in 1986 to 1203 offenses in 1988; and for the first 5 months of this year, we have seen eight homicides and 195 violent bodily offenses. Now this is little kids killing kids over drug involvement, or kids maiming kids or beating up kids, because of drug involvement.

We have also found that not only is the drug offenses involved in this whole drug scene, but kids have to steal cars and burglarize homes and get weapons, you know, to further their drug involvement, and we have seen an increase in these offenses too.

One thing that has disturbed me in Fulton County is that we have found that adults have engaged totally in partnerships with kids to carry out the drug scheme. There are kids involved in this as early as 7, 8 and 9 and up to 17 and 18 who have been caught up and brought into commission of drug offenses, to be lookouts, to be conduits through which the adults would take the drugs and give them to their kids and the kids would deliver the drugs or receive the money after the drugs had been sold and they tell these kids that you do this, because if we do it, we would get large amounts of time in jail. They are not going to do to much to kids, or you are not going to be fined, they are not going to confiscate your car; so, basically, the kids take the rap for large sums of money. This is a bait for them and they drop out of school and do not go to school as a result of getting money to carry out and further their involvement in drugs.

One disturbing things about it is that kids are killing kids because of drugs and kids are committing other violent acts upon the direction of adults who have engaged in partnership with them.

Just last month I heard a case where a 15-year-old boy was charged with aggravated assault, and he very easily could have been charged with murder, but he did not succeed in killing this person. I am still concerned, and people have read this, saw it in the newspaper, where this 15-year-old went in the hospital and had been hired by a 19-year-old drug supplier to kill a 17-year-old person simply because they had not paid their debt for supply of the drugs themselves. And so this 15-year-old went to the hospital and deliberately sought the person to an isolated place and shot him in the face. He luckily did not kill him so he was able to identify him; and this was for $2,000. It was reported to me that $1,000 of this money was given to his mother; and this is another disturbing factor that parents condone their children being involved in drugs and they know that their children cannot get that kind of money from any lawful pursuits and they accept this money for the purpose of whatever they may feel that they may need it, but they are condoning their children carrying out the drug scheme.

Because of the increase in drug involvement in my court, we have seen an increase in our caseload. We had averaged prior to 1985 a caseload for our probation officers of about 40, which is about the norm. In fact, it is recommended by persons who are in this service of providing probation to the public as being an average and a normal caseload. We have gone from 40 to 80 plus. One of our probation officers at one time had about 100 cases on his load, simply because of the increase in that particular community. We cannot get an additional probation officer because money is frozen and the positions are frozen, and if a probation officer leaves that position, then we do not have the money to hire a probation officer to replace him; so we cannot provide effective probation services.

And by the same token, our detention has reached its capacity. We have a capacity of 86 boys and 25 girls. There are those who believe that we have got kids in our detention who should not be there, but these are kids that have committed all of these crimes that are related to drugs and are directly for drug involvement.

But even on a sadder note, we have seen those families in our court, which we call deprived children, where parents have been involved with the sale or use of drugs. We have seen children who have come into our court who have been born being addicted to cocaine, crack and other kinds of drugs. We have seen kids who have been born with visual, hearing and speech defects and other kinds of deformities and impediments.

Parents are physically, sexually and emotionally abusing their children because of drug usage. They take their money which they get from Aid to Families With Dependent Children and food stamps and exchange that for drugs in order to carry out their particular desire for drugs.

Children are not sent to school by their parents, since the parents are under the influence of drugs. They do not get up and prepare their children to go to school. Neither do they encourage their children to go to school. They are allowed to run rampant in the

streets because they are unsupervised. The parents are unable to provide the kind of supervision and care for them.

So the responsibility of parents for the upbringing of their children has been taken over by drugs and these deprived children are being taken care of by public entities.

For example, in this category of deprived cases, we have seen an increase from 969 cases in 1986 to 1,459 cases in 1988. For the first 5 months of this year, we have already seen 392 deprived cases.

We find that money is a motivating factor for most of these people who are involved in trafficking drugs. They are poor and for the drug dealers to tempt them and bate them with large sums of money to do whatever they wish to do, with jewelry and fine cars, is a problem that we have not found a solution to. However, we are working on trying to find how to reduce the motivation of money and get these kids motivated to be in school and stay in school and get an education and prepare themselves to be law abiding citizens in our communities.

I believe, however, that intensive preventive programs, designed to educate our children and the parents of our children about how devastating the use of drugs can be to them is needed in our community. We do not have an intensive treatment program for teenagers. We have a few outpatient programs in the area of drugs, but they are inadequate, they are very expensive. We cannot get a lot of the poor kids in the programs because of lack of money to pay for that particular service, and so this is a need.

We believe that interdiction, stopping drugs at its source, from coming into our community here, is needed. Kids have ready access to get drugs and to supply themselves with these drugs.

We are trying stiffer sanctions for those who are involved in drugs and those who use weapons and are charged with weapon offenses. What I try to do, I try to commit them to the Department of Human Resources and especially those who have large sums of drugs on their person at the time that they are apprehended and those whom we have evidence of the fact that they are trafficking or selling drugs. These are some of the things that we are doing, these are some of the things which we need: community-based programs are needed in our community, but we do not have sufficient funding.

However, I believe that all of the efforts, prevention, intervention, drug programs, community programs are needed and we cannot separate them; they all need to be operating at the same time for the same people in order to eliminate this problem; and I am hopeful and I do see hope that it can be done if we put all our efforts together.

Thank you.

Senator NUNN. Thank you very much, Judge Powell. I have some questions for you but I think we will go through all of our opening statements this morning and then come back for questions for the panel.

Commissioner Evans, could we hear from you next, and then I will ask Director Hightower and then we will have Major Derico follow with the final statement of this panel.

Commissioner Evans.

TESTIMONY OF DAVID EVANS, COMMISSIONER, GEORGIA DEPARTMENT OF CORRECTIONS [1]

Mr. EVANS. Thank you, Senator Nunn.

It is an honor to appear before this Committee and address an issue that daily causes me and all of us major problems and concern.

I have been Commissioner of Georgia's Prison System for 13 years and the rate of incarceration during the past 5 years has been something that no one could have anticipated. Neither could we have predicted 5 years ago the ravaging effects of cocaine, and especially crack cocaine, on society today. Now I understand that crack heroin is on its way to Georgia and this only worsens our already deadly situation.

Georgia incarcerates over 22,000 adult inmates and conservative estimates show nothing but a spiraling trend. A mere 3-year projection shows us going over the 30,000 mark of adult inmates being incarcerated in this State.

Of course, the major issue we are here to discuss today lies at the center of this ever-expanding increase that we are seeing. Our estimates are that over 80 percent of the inmate population that we deal with are drug or alcohol abusers even though they have not been charged with drug or alcohol violations at the time of their arrest.

To give some examples, in 1978, 19 percent of our inmate population reported that they had drug problems. Last year, 1988, over 8,000 of the inmates admitted that they had drug problems, or 52 percent. That is admitted, not really the number of users. Similar comparisons for alcohol related problems show an increase, 14 percent in 1978 and has gone up to 40 percent in 1988.

The nationwide statistics, in 1986, of the 444,000 inmates in prison, 43 percent reported daily drug usage during the month of the offense—the month that they committed their offense. That is admitted, and these are the Department of Justice statistics. Those statistics are frightening.

The cost of combatting this trend is even more horrifying, as you are aware, both in human terms and in dollars and cents.

It is my understanding that President Bush has recently recommended over $1 billion in Federal prison construction funds. That is good, but that is only a portion of the solution.

Many of the inmates within the Federal system are not representative of the predatory inmates in the State systems who rob and kill simply to support their habits or even more specifically kill to maintain a way of life that drug sales have allowed them to experience. In simple terms, the sheer number of inmates impacted by this $1 billion funding package is a small percentage of those who need to be locked up and locked up for a long time.

Unfortunately, more prisons will never be the cure-all, but in these times of overcrowding and total disdain on the part of criminals for the rights and safety of others, increased bed space and operations funding are necessary.

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[1] See p. 174 for Mr. Evans' prepared statement.

Nobody knows the effects of overcrowded prisons better than the criminal on the street. As long as bed space is limited and the threat of lawsuits continues to hamstring the criminal justice system, there will be no disincentive for anyone to continue to break the law.

Of course, you are aware here in Georgia we have having to release inmates because of the numbers that are coming into the system.

If prisons are forced to close down on a regular basis as they have in Texas and North Carolina, jails will continue to be backed up, and if jails are backed up, judges will be hesitant to sentence anyone to active time as the sentence becomes meaningless. If the judges cannot sentence, then why should prosecutors prosecute and police make cases? No one wins but the criminal, and no one knows it better than they do.

As you are aware, the problem does not stop there. If inmates, particularly those with chemical dependencies, are released early then any attempt at rehabilitation through education, counseling, and treatment is minimized. We are going to be back in the warehousing business again.

Until there is some sort of legitimate fear attached to drug usage, efforts on this end of the system would have no meaning whatsoever. Until that individual knows with a great deal of certainty that his criminal activities will lead to a definite and intense punishment, then he will not give a tinker's damn what he does and who suffers from his actions.

The bottom line is funding for facilities and programs on the back end. I realize that funding is going to be very difficult. The major funding needs to be on the front end and that is in education—the very front end. If we are to maintain our public trust——

Senator NUNN. And do you think that would be your top priority?

Mr. EVANS. Yes, sir.

Senator NUNN. You are saying of all the priorities of law enforcement, health, and education; education would be number one?

Mr. EVANS. Yes, sir. But I will tie that in a little later.

If we are to maintain our public trust of safeguarding our citizens then we must make laws that mean something, that makes crime more of a risk than an adventure, and then be willing to pay the heavy, heavy price associated with incarceration. Going back to education.

But simultaneously, we must educate, and educate early and spell out the pitfalls attached to drug usage and abuse. Education alone cannot solve the problem without extensive counseling services available to young people and will not be effective. Currently, only the affluent can even come close to dealing with this issue as costs range up to $12,000 per month for treating young people who have emotional problems brought on by or that lead up to drug use. For too many young drug abusers, time behind bars has become more of a "right of passage" rather than time being locked away. For those who make their living from sale of drugs, prison is simply a momentary inconvenience.

This has got to change before any semblance of deterrence or opportunity for rehabilitation can even begin to make any inroads into this mounting problem.

I would like to expand just briefly on the education part. I believe that if we do not begin to deal with the young people early, if we do not begin to deal with them in counseling programs, not to just tell them it is wrong, because we do not have the resources out there for intensive counseling for the children with problems, then we are not going to make any impact on their usage. We have heard from Judge Powell the number of young people that are involved in it.

We in the prison system are trying to provide vocational programs and educational programs, but it is meaningless for a person to try to teach them to be a bricklayer, to be an air conditioning repair person, to go out and work hard to make the kind of money that they can make on the street in one night, and to the young person, that means nothing. What they are worried about at age 15 is getting back out on the street and getting back to their BMW, they are not worried about earning a legitimate living.

Thank you very much.

Senator NUNN. Thank you very much, Commissioner Evans. I will have questions for you, but let's move on to Director Hightower.

TESTIMONY OF ROBERT E. HIGHTOWER, DIRECTOR, COBB COUNTY DEPARTMENT OF PUBLIC SAFETY [1]

Mr. HIGHTOWER. Mr. Chairman, members of the Subcommittee, I thank you for the opportunity to appear and testify before you this morning on an issue that is so vital to the future of this country.

I represent Cobb County, Georgia, an affluent community of 429,900 people adjacent to the west and northwest borders of Atlanta-Fulton County, Georgia. Our county's transition from a rural economic setting to a highly technical urban society has taken place over a 24-year period, from 1965 to date. Today, it is one of the fastest growing counties in the United States.

For the purpose of my testimony and in the interest of brevity, let me say that local, State, and Federal governments have thus far failed the American citizens in stopping the flow of drugs. This is amply illustrated by the fact that the prevalence of drugs in our society and worldwide is far beyond what it was when we first confronted the drug problem in the early sixties. This being the case, no one can state that we are winning the fight against drugs. The heart of this problem is such that we can never be satisfied with taking a few more drugs off the street this year than we took last year.

From the view provided by a law enforcement career that spans three decades, I can tell you that the drug problem is the first truly national crime problem that I have ever seen.

What happens in Cobb County on a daily basis is directly impacted by what happens in other states and other countries. For the first time, I am confronted by the certain realization that nothing

[1] See p. 177 for Mr. Hightower's prepared statement.

we do, no action we take in Cobb County will solve or greatly impact, except in the very short run, on the drug problem in the county. This is a totally frustrating and hateful realization that cries for a solution.

Let me speak to what I consider to be the major problem confronting us in this fight. It has been suggested that federal law enforcement agencies devote all of their time and resources to interdiction efforts. I do not believe this can be permitted to happen. Without Federal enforcement, corruption would escalate within our borders. Federal law enforcement historically has been the front line of defense against official corruption on the local level. Given the corruptive nature of drug trafficking, without this constraint, chaos would develop and interstate investigations would be severely hampered.

Jail overcrowding, as Commissioner Evans has said, is a major problem. With no bed space available, states are releasing non-violent inmates to make room for violent criminals. Often drug dealers who have no history of violence are released. We have redefined the term "vicious circle" and made it a public strategy to provide jail space, while the victims of the violent criminals produced by the drug culture suffer and go uncounted.

We are perhaps not too far away from creating a grid system to determine crime by degrees of violence so we can determine which criminals are less violent than others so that we can make room in the prison system.

The entertainment industry, movies, television, music and advertising have been a problem and continue to be to an extent. They have produced horrendous role models to children while public education has spent millions of dollars to produce and deliver an anti-drug curriculum for children. The entertainment industry has produced music and videos that glorify drugs or at best treat drug use in a cavalier manner. The personal and moral values they sensationalize too often send the wrong messages to the youth of this country, which help to further perpetuate the drug problem.

On a daily basis, the secondary educational system in the United States is described as inadequate and inferior, flawed in almost every area of curriculum and instruction. Anyone who attempts to recruit employees with this level of education is confronted with applicants who must be given special training to write simple reports or be tutored to successfully complete a basic training course. These individuals are not only ill-equipped to find meaningful employment, they are ill-equipped to compete in life or cope with the temptation on the street that the drug culture and peer pressure produce.

I do not have the solution to the drug problem. None of us do or we would not be here today.

I do know that the deep rooted social problems that cause children and adults, the uneducated and educated, the rich and the poor, and, yes, the moral as well as the immoral to turn to recreational use of drugs cannot be solved by the police alone.

These social problems produce greed and instant gratification that cause an airline pilot to fly drugs into the country, they cause a doctor, lawyer or other professional to invest in drug smuggling operations, and they cause the 15-year-old in the ghetto to deal

crack and quickly point out to police officers that he makes four times more money than they do, and ask which one of us is dumb?

These social conditions attack self-esteem, moral values, role models, education, family stability, parental discipline, and self discipline, and lend aid and comfort to the drug culture.

This situation must somehow be turned around and this will take a concerted effort on the part of this government and all its people.

In conclusion, the effect of substance abuse on our society has been staggering. We must provide continued strategies and funding to law enforcement to fight the supply side of the drug problem.

We must also begin a coordinated, nationwide effort to improve social conditions, to educate and counsel the public, and bring about a change of attitude that will be detrimental to the demand side of this issue. This is essential if we are to halt this degenerating influence.

We must truly find a national strategy that must be, by the very nature of this problem, created at the federal level and carried out throughout the country.

To amplify what you said, Senator, we have not won the war on drugs, and I do not really think we have a war on drugs. We have no concentrated central command in this fight against drugs. It is a totally fragmented issue.

The demand side of the drug problem has not been addressed. The supply side is by and large a law enforcement issue, but it is at best, half of the problem; and the other half is the demand side that law enforcement has little or no control over and that must be addressed in many different ways with many different priorities before we see any real success in this fight.

Thank you, sir.

Senator NUNN. Thank you very much, Director Hightower.

Major Derico.

TESTIMONY OF MAJ. JULIUS DERICO, SPECIAL INVESTIGATIONS SECTION, ATLANTA CITY POLICE DEPARTMENT [1]

MAJOR DERICO. Senator Nunn and other members of the subcommittee, it is indeed a pleasure to appear before you today as a representative of the Atlanta Department of Public Safety.

The drug problems in Atlanta have increased tremendously within the past 3 years, mostly due to the increased trafficking in cocaine, both powder and crack. With the influx of drugs into the city has come a proliferation of open-air markets, where buyers and sellers exchange goods and money in full view on the streets. The majority of street sales is occurring in low-income neighborhoods, particularly in and around public housing projects.

Our enforcement efforts are hampered through the mobility of the drug dealers. When police crack down in one particular area, they just move some place else.

A disturbing factor that has been discussed earlier is the fact that we are having so many young kids involved in the drug trade.

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[1] See p. 185 for Major Derico's prepared statement.

However, most arrested on drug charges fall in the age group between 18 and 28.

In 1988, the Atlanta Bureau of Police Services made 6,898 drug arrests. This was a 46 percent increase from drug arrests made in 1987. As of April, 1989, 3,165 people have been arrested on drug charges. If this rate continues, the total for the year will be around 9,500 to 10,000. Of the drug arrests made so far this year, 79 percent have been for cocaine, either sales of drugs or drug offenders who come to the attention of the police. The number of juvenile arrests in this area tripled from 1983 to 1988, with an increase from 72 to 264 and as of April of this year, we showed a number of 127 juveniles arrested. Eighty-seven percent of those juveniles arrested were for drug-related cocaine sales or possession.

In addition to arrests, a similar increase is documented by the estimated value of drug seizures. In 1988, the Narcotics and Organized Crime Units of the Bureau of Police Services together seized an estimated $6.8 million worth of illegal drugs and another $280,000 in cash.

Information from sources other than the Police Bureau provides additional evidence that drug activity is a growing problem in the City of Atlanta. Cocaine detected at autopsy increased from 29 percent during the first quarter of 1987 to 38 percent during the last quarter of 1987. Overdose deaths for which cocaine was detected increased almost threefold in 1 year's time, from 13 in 1986 to 33 in 1987.

Another problem we experience is the lack of treatment facilities. The only publicly funded residential treatment facility available for residents in the City of Atlanta and Fulton County is the Fulton County Alcoholism and Drug Treatment Center. It is dedicated to adults.

The facility has 40 detoxification beds and 50 residential treatment beds and serves both alcoholics and drug abusers.

During the first 6 months of 1988, staff at the facility saw approximately 3,000 people; 2,000 of whom had never been in any kind of treatment facility before, so these were new people being exposed to the limited resource that we have.

An additional medical concern related directly to drugs is AIDS. The State acknowledges that most of the AIDS cases in the State of Georgia is in the metro Atlanta area. New cases diagnosed for which IV drug abuse is the sole risk factor are increasing rapidly.

In 1986, the total of new cases in this category was 13, compared to a total of 44 in 1987. There is no reason to believe that number has not increased in 1988 and 1989.

Increased violence in general is often mentioned when the topic of drugs is discussed.

Violence erupts over sales turf, over drug deals that go bad, over arguments that occur when people are high, over disputes both between and within gangs, over the effects of drug use on families and other relationships, over property crimes committed for drug money, and sometimes no discernable reason at all.

Random shoots are one of the most frequent complaints received by the Atlanta police and the Atlanta Housing Authority staff from residents in low income areas where drug activity is high. It is very disturbing that many victims of these random shootings are

often young people, teenagers, and young kids, ages 8, 10, 12 who have been caught in the crossfire between violent drug distributors and gangs. Sometimes though the shots are not at random, but are directed toward an intended victim.

The Atlanta Police Bureau only began classifying drug-related homicides as a separate category in 1985. Since that time, there has been a steady increase from 5 percent to 17 percent in 1988. It is very probably that these figures are under-representations of the true number of drug-related homicides, because often time the motives for the shootings are unknown in that there is no clear cut guideline to determine what does and does not make a case drug related. Unofficial estimates by members of the Bureau sometimes go as high as 60 to 75 percent of the homicides we have now are drug related, or the result of a person being under the influence of drugs.

A substantial amount of the violence is due to an increase in the number and firepower of guns on the street. It is a fact that more and more powerful weapons are on the street and are frequently being used for some type of drug-related activity.

During 1988, officers seized 3,326 weapons, a 20 percent increase in conjunction with drug arrests that particular year. In 1988, 2,485 arrests were made for weapons offenses, with 9.6 percent of arrestees being juvenile offenders. Fortunately, the increase in firepower by drug dealers has not resulted in a significant increase in injuries to police officers in Atlanta. However, firearm assaults on officers have increased by 182 percent in the past 4 years, from 17 in 1985 to 48 in 1988. In the past year, the City of Atlanta has lost three officers to firearms deaths.

Senator NUNN. Are most of those attacks, Major, related to firearms or other types of weapons?

Major DERICO. Firearms by and large the majority of the assaults that we have had on police officers, our police told us they were killed with a firearm.

Senator NUNN. What kind of firearm were they killed with?

Major DERICO. A .38, two of the three was with a .38; the third one I do not recall, they were handguns. Automatic or semi-automatic weapons that we are finding on the streets.

A serious problem in Atlanta, as in many other major cities, is that once the police make the arrests for drug offenses, they add to the overburdened courts and corrections systems.

We have heard from Judge Powell as to the problems we have experienced when overcrowding of the system occurs. All persons arrested by the Atlanta police are held in the Pre-Trial Detention Center until they receive a hearing at the Municipal Court. This hearing is usually held within 48 hours of their arrest. According to the Center's Director, approximately 5,000 admissions are processed each month, with approximately 1,000 of these being drug offenders. Increasing arrests are placing increasing strain on the detention Center. Only 5 years old, the Center was built to house 424 inmates, but frequently has as many as 600 inside. Drug offenders are a large part of the crowding problem.

The increase in arrests has resulted in an increase in the workload of the court as well. The Municipal Court has five full-time judges, but in 1988, 57,534 individuals were brought before the

court, showing a 28 percent increase over 1987. The overcrowded situation in Fulton County has got to the point now where, we found out last week, they have got through our "non-violent" prisoners and they have been released as a result of a court order and now we are getting to the point where drug dealers and drug sellers are being permitted to sign their own bonds.

Senator NUNN. May I stop you right there and ask you a question at this point; what effect does that release of convicted drug dealers have on law enforcement morale?

Major DERICO. Seriously, in all honesty with you, a person who goes into jail as a drug seller comes out of jail a better drug seller and so it is our belief that he will return to the same trade he had prior to going in, he has been better educated now because he has been able interact with other drug dealers that are in jail up there, and he knows more about where they have worked and we are hearing that while in prison, he will also learn better techniques of disarming police officers, as well as how to avoid being captured by police officers on the streets.

Senator NUNN. So when a drug dealer comes out, because of the overcrowding in prison, does it have any direct effect on the willingness of your people to make arrests, does it undermine morale?

Major DERICO. We make a diligent attempt to discourage our people from involving themselves with that side of the picture. We advise our people and we train our people, our job is to apprehend, and we try to process them through the court system; but we do not let the fact that the jails are overcrowded and people are being released influence our decision to continue to make the arrest. I think all of the numbers indicate that we are continuing to do our job in spite of the overcrowded system.

Senator NUNN. Again, let me interrupt and I will ask Director Hightower this too. Do you think that there is a morale factor here involved in law enforcement, and you mentioned corruption, corruption of local law enforcement and you said that the federal government had a real role to play there. Do you think that as prisoners come out after a very short time—and perhaps even maybe drug dealers—because of overcrowding, that that is going to have an effect on corruption and morale in the local law enforcement?

Mr. HIGHTOWER. I think it has, Senator, I think it produces a great amount of frustration on the part of local law enforcement officers. Like Major Derico said, I do not think it discourages them from making further arrests and more arrests. I do not think they use this as an excuse not to do their job, but I would have to tell you that it is a very frustrating thing to see people released under these conditions, because they feel like that the system itself is being defeated, simply by a physical problem, an overcrowding problem.

Senator NUNN. Are you concerned that that sense of the system being overwhelmed and defeated could lead to more corruption of law enforcement?

Mr. HIGHTOWER. I think that is an impossible question to answer. I hope not, but I cannot say one way or the other. The corruption is out there. There is so much money involved in drugs, but corruption from the standpoint, not only of law enforcement, but once responsible and dedicated citizens and professional people who do it,

all of a sudden they are in it for the profit, it is more than just a law enforcement issue, but, yes, it is an issue and it is a possibility. I cannot say how much though.

Senator NUNN. I will ask you the same question, Major. How worried are you about corruption?

Major DERICO. I believe it is very important. We are always concerned about the possibility of corruption. We have seen cases of sheriffs even of counties, numerous counties in Georgia being indicted, convicted and sent to prison for this problem; and the availability of the commodity, the amount of money for his campaign is mighty tempting, and so I think the possibilities do exist. I think we have been fortunate in Georgia in that we have not had the kinds of problems that they have had in South Florida and some of the northern States, where people have succumbed to the pressure and intimidation of the money, but, yes, sir, the possibility does exist.

Senator NUNN. Go ahead, I interrupted you.

Major DERICO. That is all right.

Senator NUNN. Go ahead and give the rest of your statement.

Major DERICO. As mentioned previously, high levels of drug activity plague the city's public housing projects. Drug dealers use apartments in the projects to stash drugs and weapons, to conduct business out of, and to use as hideouts. They are typically not residents of these housing projects. In most cases they gain entry through romantic liaisons with young women who are tenants, by threats, by intimidation, by exchanging money for the use of the apartment, or by obtaining a sublease contract with the person that is leasing the apartment. They also use vacant apartments in the complex. Once the Housing Authority evicts a person, they generally go in and board it up, and oftentimes they come back the next day and find drug dealers have torn down the boards and have used the apartment overnight for their sources of selling the drugs.

I must say we have a very good Housing Authority and have been working diligently with them and we are now in the process of signing an agreement where all Atlanta Police Officers will become agents of the Housing Authority, which will enable our officers to actually enforce of the law as it relates to criminal trespassing in apartments that are not occupied by persons in the Housing Authority. This will enhance our efforts to keep dealers moving.

Okay, another problem we are having is that drug dealers often provide some degree of economical support for many tenants, threaten them, and make them unwilling to cooperate with police. It is easy for the drug dealers to lure young males into working for them because of easy money, and because there are few options available to them.

As stated by Commissioner Evans, they might ask the kid to go over to McDonald's and see if the policeman is inside, or would he go over and lookout on the streets for $150 a day, as opposed to working as a parking lot attendant, there is no competition there at all.

Our enforcement efforts in the City of Atlanta centers primarily around two tactics. We have our Special Investigation Section,

which includes our Narcotics/Vice, Organized Crime and Intelligence Units. We also have our Red Dog Section, which is a street level narcotics fighting unit.

The Narcotics/Vice Unit primarily concentrates on mid level dealers and suppliers while Organized Crime targets the distributors and upper level suppliers, and the Red Dog Unit is our street level narcotics persons.

We have tried the Red Dog tactics, aggressively go after street level dealers throughout the city, they go out in uniform, they are highly visible, we are highly visible in communities, make arrests, cover street corners, city streets and everything else.

We know this practice is being debated nationally as to whether or not it is effective. There is one effect of it that can never be measured probably in arrest studies or case convictions, and that is the level of community satisfaction because the people can actually see the police, action on their complaints, we are actively in their communities. We see it as a means of immediately addressing their cries for help and make their quality of life a little bit better, at least for this particular day.

I think we have adopted the position that we cannot alleviate the problem, we will displace it as much as we can.

We work very closely with Federal agencies in the City of Atlanta. Presently we have personnel assigned to the Airport Task Force, which have a very good track record. They have seized over $1.6 million in cash last year, vehicles valued at $174,000. Heroin seized last year 735.7 grams; cocaine 60,945 grams. That is at the airport itself last year. We also have investigators assigned to the State and Local D.E.A. Task Force at the Federal Building here, who work on cases in the metro area and statewide, both jurisdictional areas, and we have had good success with them.

The U.S. Attorney for the Northern District of Georgia has offered the full weight of his office to our effort to combat drugs. He developed a Gang Hotline to receive gang related drug information. This information is shared with all participating agencies in the district. The investigation that led to the arrest of the Jamaican Posse member before they could become fully established in this area came from the Hotline.

In closing, Senator Nunn, I think it must be said that we as a nation must fully dedicate ourselves and our resources to eliminating this plague that has had a greater impact on our lives than any war we have fought.

We must, one, have greater handgun control in this country. Secondly, we must educate our young people to the danger of drugs at an early age, we must educate them at a very early age. You have heard today that they become involved in the drug trade at age 7, 8, 9 and 10, but through our educational process, let's start at age 5, at kindergarten, before they get to age 7 and get involved in the problem. We must somehow provide affordable treatment for those who have a desire to kick the habit. If we have 1,000 addicts right here around the State capitol who say I want to be drug free, you or I would have no place to send them for treatment, and, fourthly, we must have clear direction and policy from the Federal level and launch a joint effort on all fronts, Federal, State, and local agencies to combat this problem from all angles.

Thank you.

Senator NUNN. Thank you Major Derico.

Judge Powell, let me ask you a question. You have heard the other witnesses testify and you have seen through your own court first hand the pain and suffering and the terrible tragedy that this drug epidemic is inflicting on our society. I know you see the law enforcement side of it and you also, I am sure, see some of the health aspects and education, how would you write the priorities in terms of what we ought to be concentrating on, and I am not excluding anything; but I am saying what would be the top priority from your perspective; law enforcement, health, education, prevention?

Judge POWELL. It is hard to answer because I think everything has to work together, especially now that we have gotten into the epidemic stage. I think prevention and education would be my first priority, and I would echo everything that has been said. Parents need to be educated. They need to be educated as to what to look at in their children to see if they are beginning to become involved with drugs. Parents do not know. They are ignorant about the fact that if they see their kids lethargic and not going to school, losing all interest in school and, you know, just basically not trying to do anything about themselves, about the way they look; they do not equate that with the possible use of drugs, and the parents need to be educated, to be aware of change in behavior and know when they need to begin to investigate to see if their children are actually beginning to get involved with drugs, and they get involved on a very low level, cigarette smoking, then marijuana smoking and then it goes to the more dangerous drugs, the cocaine, the crack, and the heroin. The parents need to see it coming, and so the education needs to be for the whole family and for the children as early as we can begin an education process. 5 or 6 years old is not too early, because I think kids see on TV, they hear on the radio, they see it in their communities where people are using drugs who are adults, and they cannot differentiate between adults using drugs and them not using drugs. They mimic and they do what they see adults and their counterparts do, and they begin using drugs at a very early age; so I think education would be my first priority, which is a preventive tool. If I just had to rank it. But I think you have to do treatment, the addiction, the supply and demand decrease, all of that I think has to be done and operated on at the same time.

Senator NUNN. Director Hightower, how do you and Major Derico feel about the priorities; what is your opinion, coming from the law enforcement perspective—if you had for the whole Nation a billion dollars, where would you spend the first money and how would you allocate that billion dollars and I am not talking about in detail, but just in general?

Mr. HIGHTOWER. Senator, let me first say, given the situation we are in presently, I do not think we enjoy much of being able to select one priority. I believe that historically up until now most of the effort has been centered on the law enforcement side, and the law enforcement end, insofar as the supply side is concerned.

I think we have come to the point where we have got to attack the demand side, and I certainly would agree that education and

prevention and treatment and all of these things are necessary and they must be done, but I do not know—I believe we have got to sustain the law enforcement effort and I feel we have got to bring the demand side of the equation up to that level, if we are ever going to make any progress. I would hesitate to say that we can do it with one particular attack.

For years, everybody thought that law enforcement was the answer, that is everybody except those in law enforcement; but it is not, and it never has been. We are losing every year, and so I think if we can pull back to the level that we are, of enforcement to where it is now, that would be a mistake; but at the same time I think these other issues will have to be addressed much more fully than they have been in the past.

Senator NUNN. Thank you. Major Derico.

Major DERICO. Senator, I agree. I think the statistics show that we in law enforcement have done a fairly good job arresting the suppliers, but I now think the demand must be arrested; therefore, I think education and preventive programs must take priority.

Senator NUNN. Commissioner Evans, I believe you have already indicated your priorities, but you might want to say something else on this.

Mr. EVANS. Well, I certainly could not disagree with anything that has been said. My approach to education was not as a single issue, that it had to be; but I think for the long run, we are going to have to invest in and I, again, like to couch it in terms of it is the first chance we have with young people in the institutional setting where we have them to deal with. I certainly would not want to see a program set up where 65 percent of the money went to administration or red tape. I want to see effective dollars going into counseling programs, and have programs available to young people as well as families, as Judge Powell said. Young people themselves need to have the opportunity to talk to people and deal with the issues early, and so we are missing a lot of opportunity there under this education set up. Certainly we cannot back off with the law enforcement efforts and in the area I am dealing with, the large numbers, I certainly am going to continue to need the resources to deal with the numbers that are coming into this system, and so long term, as I see it, if we are going to war, let's go to war on all fronts.

Senator NUNN. Commissioner, we have heard about boot camps, and I think in Georgia you have done some work on that. Director Bennett has talked about perhaps boot camps and I am not clear exactly what he has in mind and I will be talking with him more on that today. I believe what some people are talking about, is that we do not have enough prison space for people who are recreational users, as opposed to addicts, but that there ought to be some punishment, there ought to be some discipline, and there ought to be some sanction—and my feeling is there should be. I am not sure exactly what it ought to be, but they are feeding the money right into the system that is supporting the organized criminal activities and getting the addiction problem worse and worse.

Welcome, Senator Roth, we are glad to have you.

Senator ROTH. Thank you, Senator. I am glad to be here.

Senator NUNN. I have already introduced you, but we are honored to see you come from Delaware and be with us.

The question is, the question on boot camps is, how have they been used in Georgia, and do you believe that that can be an effective mechanism for dealing with the problem of recreational use?

Mr. EVANS. That can be a tool but only one tool. The idea that we put in when we put in the boot camp or a shock incarceration program was that many of these young people had no self respect, they had no self discipline, had no respect for anybody else and in 90 days we felt like at least we could teach them some self respect and some discipline and, I guess, get their attention, and, yes, I think on some recreational users, it is effective. Certainly it is not the panacea and would not be the only intervention, but when you are looking for several tools, I think the shock incarceration program or boot camp idea can deal with some of the issues.

Senator NUNN. What have you done in Georgia with that?

Mr. EVANS. Well, we have been in it since 1983 and many people say we have 38 percent going back, but we are 60 percent successful in it, and so I think it has impacted on a log of young people.

Senator NUNN. What kind of criminals are being put in there, or what kind of youth?

Mr. EVANS. Non-violent, mainly burglars, first offenders. The first, coming in as adults, they may have had a lengthy juvenile record and so sometimes we never now what their juvenile record was, but they are first time people. The last chance that they would have before going to prison. The judge makes the determination as to, normally I would send this person to prison, but dealing with our probation staff, maybe there is a chance with this 90-day program, that we can impact them, and keep them as productive citizens, and it is age 17 to 25.

Senator NUNN. How about drug offenders?

Mr. EVANS. Some drug offenders are sent into this program.

Senator NUNN. Is there a category of drug offenders that fit into this type of punishment?

Mr. EVANS. It would be more in the class of recreational users. It would not be a major dealer or a major user.

Senator NUNN. Have you seen any, can you trace the effect of that on people who have been through this in terms of drugs—recreational drug use?

Mr. EVANS. No, sir, I could not trace it. We do not have that in-depth follow up at this point.

Senator NUNN. Is there a way you could develop that? Our problem at the Federal level is, this is the same thing as we have at the Federal level, we cannot trace what we are doing, the results; and so when you start looking around at how are you going to allocate the money, and I agree with your basic thrust, we need to put it in every, in all areas, but we also are trying to prioritize, but it is very hard to do it. There is nothing in Georgia then that would tell Director Bennett in developing his strategy, or Congress presently reacting to it, whether this boot camp idea would be good as far as recreational drug abuse?

Mr. EVANS. We could pull the statistics, because these people must come back on probation, and so we still have contacts with them and they are under probation supervision. We have never

categorized it as a recreational drug abuse or something else, but individual records could be followed and determined over a period of time. So we have the capability, we have just never tracked that individual offender.

Senator NUNN. Well, I do not want to put you through a tremendous data exercise, but it would be enormously helpful if we could get some indication of what the results of that is.

Mr. EVANS. We will try to give you that data.

Senator NUNN. Just random interviews with—a random sample of these people that have been through the system.

Mr. EVANS. We can work on that.

Senator NUNN. Or in some way, it would be very helpful to us.

Mr. EVANS. Yes, sir, we will supply it.

Senator NUNN. Senator Roth, we have had testimony from all of these witnesses and we have had some very interesting observations this morning. This is our first panel.

I know Major Derico of the Atlanta Police here has talked about the Housing Authority and cooperation with the law, and Senator Roth has been a leader in looking at the question of Housing Authorities around the country and drug abuse connected with them, and we have had hearings that he chaired with Secretary Kemp coming over and testifying about the programs they are trying to install in terms of doing something about the terrible problems with Public Housing, and, so, Major Derico, I know, is prepared to answer any questions on that, and he has just alluded to the cooperation.

Perhaps, Major Derico, while Senator Roth is here, you could just tell us what you are doing in cooperating with the Atlanta Housing Authority and what steps are being taken in that respect?

Major DERICO. Yes, sir, Senator Roth, we have a full time investigator assigned to liaison with the Housing Authority, with the security board over there. Any reports of any kind of activity that occurs in the Housing Authority property is forwarded to them, any drug related cases, a review is conducted of the reports, and if the person is found to be in violation of the lease agreement with the Housing Authority, eviction proceedings are began against those persons and we have been real successful in that. We have a requirement where if they leave, the police officer that is involved will appear before the Housing Authority hearing board or a judge and we require the office to appear and make a recommendation, if necessary, and that any kind of information we needed from the Housing Authority that does not involve a privacy violation, we can get the information from the Housing Authority, that report from us. They serve on the advisory board we have currently dealing with drugs in housing projects. One particular target area, they are represented on the board and are involved in the policy for that operation.

Senator NUNN. Judge Powell, I would like to ask you what resources are needed that you do not have now to deal with your youthful problem?

Judge POWELL. Mental health resources, residential drug treatment programs, we do not have that for young people and as Major Derico has stated, the Alcohol and Drug Treatment Center, which is in existence in Fulton County will not take kids, people under

17, and so if we cannot find insurance for them, or submit a child to the Department of Human Resources, as well as to the Department of Family and Children Services, and get the Troubled Children's Committee to see the necessity of paying for these kids to go into a residential treatment program, and that is very difficult to do, unless these kids have extreme mental and emotional problems, have very extensive juvenile records, criminal records and violent offenses, we do not have any, and what we have alluded to is a Purchase of Service Grant which is very small for our county to buy outpatient services, which basically allows counseling. We have the capability of doing on the spot drug testing, where the child has to come to court in on the spot of the moment notice from our probation officer to get a urine test, so that we can see if they are using drugs, and that is just about all that we have.

Kids who because of drug usage and because of other problems with the family are severely emotionally disturbed and have a lot of mental problems, because of some court decision are put into facilities, mental health facilities until their condition is stabilized and then we have to allow them outpatient treatment and that sometimes is not adequate. Some of the kids need to be in some residential program for a much longer periods of time than what they are kept; but, here again, there is the overcrowding problem. There is so much a great need for the children who need the service, and stabilization and moving them on so some other children who are needing that kind of service can be put in that facility and stabilized, is all that we have. We really need residential programs for the mentally disturbed children, and emotionally disturbed children as well as residential drug abuse treatment programs.

Senator NUNN. Thank you very much.

Director Hightower, Cobb County is one of our most prosperous counties, of course, not only in Georgia but in the whole country, and yet your testimony here today is that it is being overwhelmed, you are being overwhelmed with the drug epidemic. Do you find that in Cobb County which is, at least on the average, very prosperous that there is a connection between drug abuse and income levels, or is it independent of income level?

Mr. HIGHTOWER. No, sir, it is not independent of income level, but I think——

Senator NUNN. You might pull that mike over closer.

Mr. HIGHTOWER. There was a time and I think, again, a lot of people in law enforcement can read, where crime to a great extent was predicated on people being out of work and bad economic times. When you get to the drug situation, it actually feeds off of affluence as well as poverty. It reaches into the young executives, in the middle-age high income people who can afford the habit as well as, you have on the other end of it, the young people who must steal to promote the habit, and eventually it will affect the young professional the same as it will the people on the lower scale because it becomes a much greater expense as the habit increases; but affluence does not necessarily mean that you have less of it. I think we have a lot more of it that is hidden than we know about insofar as our statistics. I believe that a lot of people would like the help, but we still have quite a number of people with serious drug problems and serious crime problems. About 54 percent of our

crime could be directly attributable to drugs in Cobb County, either directly or indirectly.

Senator NUNN. Would that crime be attributable to people in lower income brackets in Cobb County or in higher income brackets, or both?

Mr. HIGHTOWER. I think it is both. I think it is more so in lower income, but I think that is because we do not—we concentrate more at that level, Senator. We have one of the largest drug squads in the state, for example, it is a multi-jurisdictional drug squad, and we use a tremendous amount of drug revenue to support the operation of that drug squad. It is set up that way with resolutions from the county government and the government of two cities.

We seize tremendous amounts of money that go back into the fight against drugs. The fight is in two areas. It is in the area of drug smuggling, the large suppliers, or street level use, and in that case, we do not get into the affluent side of it to the extent that we would like in their neighborhood at the level that we operate; but the simple truth of the matter is, we could double that drug squad allotment and still find enough drug action on the street to keep them busy on a day to day basis. We do not at, I do not think, any level of investigation or law enforcement at this time really get into the investigation of affluent people who are really drug users, unless they get into supply or——

Senator NUNN. They are less likely to be involved in crime.

Mr. HIGHTOWER. That is correct, yes.

Senator NUNN. They support their habits with their income.

Mr. HIGHTOWER. That is correct.

There was a time when crime, to a great extent, was believed to be caused by poverty and unemployment. Drug involvement does not depend on poverty; it covers all areas of society, the rich and the poor alike.

It feeds off of affluence; it reaches into affluent homes and corporate offices. The poor steal for drugs and the affluent use their income for drugs. The effect on both is the same, very detrimental to their physical and mental well being. Eventually it will disrupt the life of the affluent head of the family if his habit is large. It does cost jobs, cause divorces, child problems, and ruined careers.

The direct answer to your question is that it operates independently of income level. Fifty-four percent of our crime can be directly attributed to drugs in Cobb County.

Senator NUNN. I have just one other question I would like any of you that wants to answer this to answer it, or if you do not have an opinion on it, get in touch with me later after you think about it, and then I will turn it over to Senator Roth for this panel.

Some of us have talked about a National Service Program in Washington, we are talking about having young people either serve in the military or in a social endeavor 1 or 2 years depending on their choice on the social side, with low pay, but a very large educational voucher at the end of that 1 year or 2 years of service, which would be available for not only college education but for skill training.

We are also talking about having those young people not work for the Federal Government but for our state and local government agencies and non-profit corporations so that the people out there

already on the firing line and doing work in the social arena would be able to use them for a very small amount of money. In other words, the Federal Government would pay the bill largely.

If you had an opportunity to utilize in your endeavors, whether it is Commissioner Evans, Director Hightower, Major Derico or Judge Powell, a certain number of young people that would be paid for by the Federal Government in effect, and if you had some older people that could help train them, who would also be furnished, for 4, 5 or 6 weeks or whatever training, would you be able to utilize those young people in law enforcement? It is something you probably have not thought about, but I would like for you to think about it and let me know. We are trying to determine what kind of pilot project to set up. We want to try a pilot project around the country to begin with.

Judge Powell.

Judge POWELL. We could use such a program. As a matter of fact, some part of the program that you have described, we have encouraged to be developed in Fulton County.

It is a program that is put on by PIC and that is the Private Industry Council. We have had a tremendous success where they pay a minimum wage to the kids, they teach them educational skills and then they go out into the community to private industry and try to find jobs for the skills that they have developed in these young people. We have not had that in effect long enough to determine the effectiveness of that. But about 4 years ago, the Delta Sorority engaged in a similar program too and it was very effective, which was a summer program, and we used city funds at that time. That program embodied both education and work, but it also had counseling components which included the drug counsel, as well as the educational counsel and counseling along vocational lines, and it was very successful.

The kids earned money and they stayed out of trouble that summer. They were able to pay restitution which they had been ordered to pay and the kids, many of them, we have not tracked it down 100 percent, but many of those children went on to continue their education, finished high school, and it was very successful. And so I think that some program along that line should be very successful; but it has to have all of the components, I mean kids need that education in terms of not only marketable skills, but also in terms of drug usage, drug involvement, motivation to say that money is not important, the large sums of money that we have talked about this morning, is not as important as being a law abiding citizen and getting funds to live on and take care of their needs. It takes all of that in that program.

Senator NUNN. How about law enforcement, do any of you have any observations? You can just submit something for the record later if you want to think about it. Major Derico.

Major DERICO. Senator, as I think about that, I do not know of anyway we could use it in an enforcement capacity, but probably we could use those kind of programs to supplement our administrative staff, plus to handle a lot of the requests we have to go into the communities and do educational type programs on drug awareness. Oftentimes, we are called upon to appear at school functions as well as community meetings and the primary function is to

make the general public and students aware of the symptoms and signs and dangers of drugs, and I think we could develop a program of education that supplements that.

Senator NUNN. Director Hightower.

Mr. HIGHTOWER. I agree with the Major but, Senator, I think we would have to know a little bit more about, not only the program itself, but the individuals, but I think there are some areas of drug education and areas of this type I think that would be very helpful.

Senator NUNN. Well, each agency would choose their own individuals. It would be up to the young people to go out and make sure they could sell themselves to the agency in many respects, and would help, of course, help us promote that. But we are just forming the concept. We have got a lot of unanswered questions.

Commissioner Evans.

Mr. EVANS. My answer would be yes. I think it is a good opportunity. It would be up to us to use our innovative ideas to come up with some approaches but, yes, if it is going to impact it, I think, yes, we could use it and would develop programs where they would be very beneficial to us and I think it would be beneficial against drug abuse.

Judge POWELL. Let me add something else, Senator. I have seen young people who have gone through the court who were drug abusers, more specifically than drug suppliers or dealers, and they are now off of drugs. They have gone through some kind of marketable skills programs and some of the many community programs we have here in Fulton County and they have called the court to ask if they can come back and talk to our young people who are on drugs and we use them in that capacity, somewhat as youth counselors, because we have found that children to children counselors, or children to children tutors have been very effective because they relate a little bit better to the kids: "look where I am now and look where I came from, I have gone through the same thing that you are going through now." We have used youth counselors in that capacity.

Senator NUNN. Thank you very much. Senator Roth.

Senator ROTH. Thank you, Mr. Chairman. I regret that I was invited to a free dinner at the White House last night and so I had to miss the opening remarks of this distinguished panel.

Senator NUNN. That is the advantage of being a Republican. [Laughter.]

Senator ROTH. That leads me to the remark that there is no such thing as a free lunch, as the saying goes, Mr. Chairman.

Mr. Hightower, I was interested in your answer to our Chairman on the problems of drugs in affluent communities and one of my concerns is that even though the American people describe the war on drugs as perhaps the most serious problem faced by this nation, there still seems to be a tendency by many to think the problem is not in their backyard. But, in fact, isn't it true that the drug problem is totally pervasive in our entire community, that it makes no difference whether you talk about the rich or the poor or rural or urban areas; isn't it a tragic fact today that drugs are a problem for everybody, and until we begin to recognize the fact that drugs are affecting us and not merely somebody else, that we will not deal realisticly with the problem?

Mr. HIGHTOWER. Senator, you are absolutely correct. It is in everybody's backyard. It is, and we have had, in the affluent and the urban communities, much more involvement with it than the smaller cities. The smaller cities, because of crack and some of the other stuff, is beginning to experience the problems that we have had for a long time, but it makes no difference whether it is an affluent community or whether it is a very economically depressed community, the situation is the same. It is a very pervasive thing and it affects us all in more ways than we can enumerate here today.

Senator ROTH. Now, I think someone said—maybe it was you, Mr. Hightower—that if you doubled or even tripled your budget, all you would accomplish is the arrest of more people and that that really would not answer the problem.

Mr. HIGHTOWER. No, sir, because I said in my remarks that nothing that we do in a local community is going to impact on anything rather than in the short run, because everything, every action we take is impacted by other actions that are going on somewhere else in the country or somewhere else in the world. This is not a local program. We can take five off today. There will be five more tomorrow. We can double it today, if we are only taking ten percent, and that is what they estimate, some of them, between five and ten percent nationwide off the street, and there is still ninety percent out there, and so if you just figure the percentages, if you doubled your number of personnel that you are utilizing so that perhaps you would get 20 or 25 percent, but if that were possible, which I doubt if it would work in that ratio, there is still more out there than you can handle on a given day, whether it is in Cobb County, whether it is in Atlanta, or whether it is in Miami, wherever it is at.

Senator ROTH. Isn't the problem, and I agree with much of what you are saying, isn't the basic problem, however, that we are going to have to change the attitude of individual persons towards drugs?

Mr. HIGHTOWER. Absolutely.

Senator ROTH. Isn't that what is basic?

Mr. HIGHTOWER. As long as there is a demand, there is going to be a supply.

Senator ROTH. I am sure that is right.

Mr. HIGHTOWER. And the demand has not been touched. The vast majority of the effort to combat drugs that has been done on the enforcement level has been the supply side, not the demand side.

Senator ROTH. Well, the question in my mind is how do we change the attitude of people individually towards drugs. Someone, I think I understand, raised the question or possibility of legalizing drugs. I would, Mr. Chairman, be interested in as far as individuals who are on the firing line, do you any of you think that legalizing drugs is part of the answer?

Mr. HIGHTOWER. No, sir.

Senator ROTH. Major Derico?

Major DERICO. No, sir.

Senator ROTH. How about you, Judge Powell?

Judge POWELL. Definitely not. I think until people learn that they are doing something which is detrimental to them, they will use that as a means to perpetuate what they want to do, and I do

not think that is the answer. I think you have to relieve the demand.

Senator ROTH. Commissioner Evans. Thank you, Judge Powell.

Mr. EVANS. Bluntly, no, sir.

Senator ROTH. It seems to me that some very responsible people, conservatives as well as liberals, who are urging that, should look at the experience with alcohol. Legalization certainly has not ended the problem there, and one of the things I think some of our witnesses later, Mr. Chairman, are going to show is alcohol may be the entre, if you want to call it that, to habit-forming chemical dependency, is that correct?

Major Derico, is it?

Major DERICO. Yes, sir.

Senator ROTH. As the Chairman said, we have had some hearings recently on the problem of public housing and drugs. A number of interesting witnesses came before us testifying about their personal experience. Some of them urged very tough action: if you find drugs being used by any member of the family, the entire family should be evicted. Do you find the policies and practices in this area as far as HUD is concerned helpful to you in your responsibilities?

Major DERICO. Yes, sir, I do, in that we have had a number of cases where the eviction process has taken place and the person was evicted, the person who was actually involved in drugs; but also there was a bit of compassion there in that when we reviewed the circumstances involved in the case, if we have an elderly person who is bedridden or who is in the apartment and does not know really what is going on, around him or her, or even to have young children who are involved in that, those kind of factors are taken into consideration. It is not a blanket policy. If you live here and drugs are bought here or sold here, you are automatically out, and so I think the policy must be tough, but it also must be tempered with a certain amount of compassion, because some people may be innocent and not actually know what is going on.

Senator ROTH. We do have a basic responsibility to provide a safe environment for those living there.

Major DERICO. Yes, sir.

Senator ROTH. And as you say, there are unusual cases that have to be dealt with in a very sensitive manner.

Judge POWELL. Senator, may I say something on that point?

Senator ROTH. Yes, please do.

Judge POWELL. We have found that when parents initially were unaware of the fact that their children were involved with drugs in some respect, and this was brought to their attention, they took more strenuous means to control their children and their drug activity by supervising them closer, because they realized they could not get that kind of affordable housing, and that has been a deterrent, and that has worked for us in our court. I have seen that happen with parents who themselves were using drugs and quit because they realized they could not get affordable housing anywhere else and so it works.

Senator ROTH. I have one more question, Mr. Chairman. I think the only way we are going to do anything about this problem is by learning from the successful experiences throughout the country

and that is one of the reasons I think this kind of a hearing, Mr. Chairman, is so vitally necessary. It does give us an opportunity in Washington to learn a little about how those of you out in the country are dealing with the problem and what successes you are having.

I wonder if any of you could give us either now or at a later time examples of programs or initiatives that you have undertaken in your area or that you are aware of that are working. I think the only way we are going to accomplish anything is to find out what is working in actual operation.

In fact, would it be worthwhile for the drug czar, Bill Bennett, to set up some kind of an exchange so that we had a central collection of programmed experiences that seem to give some hope? I wonder if anybody would care to comment on either your own experiences or of the need for a central collection of successful programs.

Mr. Chairman, if they do not want to comment now, I would ask that they would submit later for the record any of the programs that they think might be worthwhile.

Judge POWELL. Well, I do not want to dominate the whole discussion.

Senator ROTH. Please do.

Judge POWELL. But I think that a central agency which would be designed to collect programs which are working in the various communities would be very helpful to gather information on the pilot projects, because things that happen in Atlanta and the way in which our community is so configurated, some programs in some rural areas may not totally work here, but some aspects of that program together with the ideas that could be put into that program would be very acceptable and could work effectively here. So an agency designed to collect the different programs, and make them available to those who have to do the decision making or budget appropriations, to take those programs and look at them. At this particular time I cannot point to anything that is in my area and tell you that every particular segment of it worked. I can tell you several programs that we utilized, and put different aspects of those programs together and say if I had a choice I would put all of these elements into a program that I think would work, but, at that particular time, that is not that kind of program that is a continuing success, all encompassing program, that worked; but aspects of different programs do work.

Senator NUNN. Mr. Chairman, I believe——

Senator ROTH. I accept. [Laughter.]

Senator NUNN. I called you that for several unfortunate years. [Laughter.]

I think that that is one of the key things that Bill Bennett will have to sort out and decide, as to what really works and what does not work. We do not have a good database and we would have a hard time, as I said in my opening statement, figuring our priorities.

I also agree that is one of the things you and I should ask the General Accounting Office to undertake. They are telling us now what does not work and we need to also have somebody tell us what does work, and so we may charge the General Accounting Office with that responsibility. I am sure it will take about a year,

but I would like to see them undertake that amount of time and really take a look at the key question about how to prioritize our resources.

Senator ROTH. I understand, for example, the Mayor of Macon, Georgia has submitted to you, and you in turn have submitted to the drug czar, Macon's program for dealing with drugs. I would be happy to suggest that we make that a first order of business.

Thank you, Mr. Chairman.

Senator NUNN. I want to thank all of our witnesses here this morning. We are going to leave our record open for awhile so if you have any additional comments you would like to make or suggestions, we would welcome hearing from you now or in the future weeks as we try to work through this problem. You have been very helpful this morning and we are grateful to each of you.

I am going to introduce our next panel and swear them in, then I am going to give Senator Roth a chance to give whatever opening comments he would like to make and, again, Senator Roth, I do appreciate your being here this morning.

Our second panel at today's hearing is composed of the Reverend Joseph Lowery, President of the Southern Christian Leadership Conference; Dr. Alfred Brann, Director, Neonatology, Grady Memorial Hospital, Atlanta, Georgia; Dr. Gail Anderson, Director, Surgical Emergency Clinic at Grady Memorial Hospital, Atlanta; Dr. Michael Carpenter, of the Cobb County Public Schools Crisis Intervention Center; Ms. Rebecca Burkhart, Director, Fulton County Treatment Center, and Ms. Burkhart is accompanied by Mr. Michael Lomax, Chairman of the Fulton County Board of Commissioners who will introduce her to the subcommittee, and Chairman Lomax, we welcome you this morning. We welcome all of you here. We are pleased to hear from you as representatives of the educational, health and civic communities to provide us testimony on the health risks associated with drug abuse and the strategies that are now being considered by our educational and our health people and our community leaders in response to the drug epidemic that is plaguing our states and our cities and our metropolitan areas.

I am going to ask each of you that is going to testify—we swear in all the witnesses before our subcommittee in Washington and have done this for years since it is an investigative subcommittee—I will ask each of you to stand and we will give all of you the oath at the same time.

Do you swear that the testimony you will give before the Subcommittee will be the truth the whole truth, and nothing but the truth?

Reverend LOWERY. I do.

Dr. BRANN. I do.

Dr. ANDERSON. I do.

Dr. CARPENTER. I do.

Ms. BURKART. I do.

Mr. LOMAX. I do.

Senator NUNN. Senator Roth, we welcome you to Georgia again and look forward to hearing from you.

OPENING STATEMENT OF SENATOR ROTH

Senator ROTH. Well, thank you, Mr. Chairman.

I want to commend and congratulate you for your wisdom in calling these hearings. As I have already stated, I think it is critically important that those of us responsible for legislation in Washington do get out in the field and begin to learn some of the local experiences, both with respect to those that are working, as well as those that are not.

I think we can all agree that drug abuse is without a doubt the greatest internal threat to our youth and to the future of our country.

I might say that Sam Nunn is known worldwide for his role involving national security; but I think it is worth pointing out that he has also been a real leader in the U.S. Senate in the fight against drugs. He was one of the principal architects of the 1988 Senate Drug Bill, which went a long way toward giving our law enforcement officials the tools they need to fight the scourge of drug crime.

I might point out that that legislation, after many years of effort on the part of many of us, finally added the death penalty for drug kingpins who kill. The bill also created the position of the Director of the National Drug Control Policy, better known as the Drug Czar.

We all have great expectations for Bill Bennett, our new Drug Czar, who will be joining us later in Atlanta. He has a very tough job. The bureaucratic infighting among the many agencies in Washington with anti-drug responsibilities is at full tilt, calling on Bill Bennett for unwavering leadership. I think he is up to the job but he is going to need our support on Capitol Hill as well as from you people here at home.

Now, I might point out that this Committee under the leadership of Sam Nunn has taken great interest in the drug problem. The Chairman has devoted a considerable amount of time and resources to the issue and I would like to also pay my public respect to his PSI staff, under the leadership of Chief Counsel Eleanore Hill, who has been recognized for her expertise in the Senate on drug issues.

Whether it is the role of the military in drug interdiction efforts, the elimination of bureaucratic infighting, money laundering by banks and drug dealers, or encouraging foreign governments to do more in the war on drugs, Sam Nunn has been there fighting the good fight.

We all know that there are no easy answers, and I think the one thing that has already been brought out this morning is that there are no longer any havens safe from drugs in the United States. Too many people still believe the drug problem will not touch them or theirs, it is a problem that is somebody else's problem. Drugs are everywhere, rich or poor, urban or rural. Small towns, whether here in Georgia or my home state of Delaware are threatened. Large cities, whether the beautiful City of Atlanta or Wilmington, face tremendous drains on their resources for law enforcement, treatment programs, and education. But we cannot give up. No single solution will bring victory as a whole at once. We have every good reason to be optimistic that little by little we will walk far,

little by little the tide will be turned. We are particularly eager to hear today some of the results of the work being done on the side of medical research. Thank you.

Senator NUNN. Thank you very much, Senator Roth.

It is hard to know where to start with such a distinguished panel, but I think what I will do, I know Dr. Brann and Dr. Anderson have some hectic schedules, and I know all of the witnesses do for that matter. I will start, Dr. Brann, with you and then Dr. Anderson and then we will go to, I know Commissioner Lomax, I hope he can be here as much as possible, then we will hear from him and Ms. Burkhart and then we will hear from Reverend Lowery and Dr. Carpenter.

There is no particular order here, but I have been told that a doctor's time is more costly, and so—do you make more than they do per hour, Reverend Lowery?

Reverend LOWERY. No, no, I do more than they do but I do not get the money that they do. [Laughter.]

Senator NUNN. Dr. Brann.

TESTIMONY OF ALFRED W. BRANN, JR., M.D., DIRECTOR, NEONATOLOGY, GRADY MEMORIAL HOSPITAL, ATLANTA [1]

Dr. BRANN. Senator Nunn, Senator Roth, thank you very much. I think that this whole Subcommittee is going to yield a great deal of benefit for the children of America.

Since 1980 America has changed from a country which considered cocaine as a drug incapable of producing dependency to a country which, since 1984, considers cocaine as the drug of greatest national public health concern. That is quite a change.

It is known that chronic use of cocaine produces alterations in the control centers of the brain, that regulates the capacity to experience pleasure, and please understand this is very different than alcohol.

I think that the animal studies, and there is some corroboration certainly in humans, that animals will continuously, if self-administering cocaine, will continue taking that even when there is toxic effect, such as their walking across heated panels to get to the cocaine.

A human that is addicted to cocaine will consume a whole room of cocaine continuously. That is not possible with alcohol. It is a new drug. And I think because of these new studies, cocaine as been identified as probably the most addicting drug, and I think it is important to grasp the scientific difference. You cannot drink alcohol that much because you are going to vomit, or you are going to have to go to sleep, but you can continuously take cocaine.

There has been a dramatic rise in usage among pregnant women, simply reflecting the recreational use of the drug. Certainly, the incidence at Babies Hospital in New York is very similar to Grady Hospital here in Atlanta in that in 1984, there was probably only about an 8 percent incidence of drug testing positive in babies' urine. There is now, as in Grady Hospital, a rate of anywhere from

[1] See p. 193 for Dr. Brann's prepared statement.

25 to 30 percent in the Special Care Nurseries—a dramatic rise in the incidence of usage and effect on babies.

Estimating probably that Grady delivers about 8,000 deliveries a year, there are about 850 babies who are delivered to mothers who are abusing drugs. That is quite a rise and quite a change.

So let me just outline seven key effects on either the fetus or the newborn infant. I think these are very significant. I tried to pick out the most severe.

There is an increased incidence in still births in women who use cocaine, primarily from the function of the placenta tearing off from the wall of the uterus.

The second is that there is an impaired fetal growth, both to the weight, the head circumference, and the length of the baby whose mother takes cocaine. Again, if the mother stops during the process, the baby will pick up the weight gain.

The third, which is just becoming I think clearly evident, is that serious congenital malformations occur in babies born to women who have been on cocaine. Heart anomalies, brain anomalies, gastrointestinal tract anomalies and kidney anomalies.

The fourth is that there is an increased incidence of the sudden infant death syndrome to babies born to mothers who are abusing drugs.

The next, and just last week, Dr. Ally from the Health Department here in Georgia, commented on the enormous rise in syphilis and the increased incidence of HIV positive babies born to mothers who abuse drugs; primarily the women who, to supply large habits have to sell themselves and thus, sexually transmitted disease begins to appear.

There is prolonged hospitalization for babies, both for social and medical reasons, which enormously increases health care costs for maintaining care.

And the last, which is probably the most significant effect is that the newborn infant goes home to an inappropriate and hostile environment because the mother first has to supply her cocaine addiction before she supplies food for her baby. Thus there is child abuse, child neglect and even child abandonment and we have examples at Grady of all three of these.

I would like to give three intervention strategies which we feel from the group working at Grady and on a national scene may be attractive to strongly consider.

I would like to be sure that you understand that these intervention strategies are based on the concept that none of us asked to come into this world. We did not choose our parents. We did not choose the city or the state or the country, or even the millennium in which we were born, so life basically is a gift and we are looking at our next generation.

Obviously, the intervention strategies are going to be expensive, but either we pay now or pay more later and these strategies are normally three in a multi-pronged approach which has to be outlined, and all of these I will classify as imperative.

I will give you a short-range intervention strategy, an, intermediate range intervention and a long-range, and I think we have to start all three now.

First, the short-range strategy, and I want you to be sure to listen very carefully for all of the intervention, not only the first part of it.

For the protection of children, it is imperative that the Federal Government immediately take a leadership role with States to initiate protective programs for children born to women who abuse drugs. This program would need to be a comprehensive program which would include the following components.

The first is mandatory participation of drug abusing women who have had a newborn infant.

The second, a temporary custody of the newborn infant.

The third, the mother should be enrolled in a drug treatment program which will include inpatient treatment. Currently this is denied to most people who do not have fairly extensive incomes.

The fourth is, during the treatment program the mother will be given assistance to obtain housing, to obtain a Medicaid number for her infant and herself, and WIC for the infant.

The next part of the program, custody for her other children for child care while she is in residential treatment.

And, the last part is, case workers to assist the mother after she has been discharged from the inpatient stabilization program. And this is based on the fact that the addicted woman does not think she has a problem. It is not uncommon in any addiction program. This is a program to protect the children.

Activities already in New York City have had experience with this type of program. It would be very expensive because you see at Grady Hospital we would have 850 babies born a year. That is an immediate.

The second intervention is an intermediate intervention strategy. The new generation of children are coming. This would be directed at changing the lifestyle behavior of women which have been known to cause adverse outcomes on the fetus. We do not need anymore research on this issue.

There are four lifestyles that affect fetuses and newborns if their mothers are participating in those lifestyles. These programs will be directed at all age persons but starting as early as the 4th, 5th, or 6th grade. It would be important to use all that we have learned from public communication, from the advertising world and the motivational research that helps sell products, and we would certainly like to enlist all of the services of the television networks which positively influence the citizens.

The four specific behaviors, the ones we are speaking about, cocaine and drug abuse, congenital malformations; smoking, small babies and sudden infant death syndrome; suboptimal nutrition and, lastly, alcohol abuse. All of these factors are known to cause low birth weight infants and drugs cause malformations. That is clear. We need to help sell a change in lifestyle and even during the pregnancy, if all four are stopped, will cause a better outcome. So you do not have to start just by the 4th to 6th grade, we can start now. A woman who stops smoking now will help her fetus be better.

Now the last group of strategies relate—they are long range strategies. Just as imperative as the other two. And this is directed

at raising the educational, the economic and the social support for women.

We know that a college graduate woman's dollar on the open market is about 70 cents to the male's. If you can think of the folks we are speaking of, their dollar is a negative draw. They do not even finish high school, most of them.

Throughout recorded time and across various cultures, women have always been able to control their reproductive careers and care for their children when they were literate and had reasonable economic stability. People with whom I have spoken, both low income and middle and upper income all agree that a woman will not use cocaine when she has hope for herself, when she has a feeling she can achieve, when she can feel she has a chance to make a difference in her life's outcome, when she does not feel overwhelmed. When all of this is missing and she has no family, and I quote, "drugs are a short-cut to forgetting that life is hopeless." Cocaine does bring pleasure.

The specific strategies are three. The Federal Government, first, must take the leadership role in expressing to the country that education is the way to escape poverty. Now, the Federal Government cannot put the missing link and try and help people know the importance of education and the desire to get as much education as possible. However, they can stimulate the private sector, churches, community action groups to provide role models—to provide role models that say to the child it is important to become educated. The federal government then I think will come in with a program to increase the opportunity that an individual who is desirous of getting an education can get it. More support for education.

Now, the second part of this strategy for long range help, we must strengthen programs which encourage the private sector to make more jobs and related education available to women wanting work. This would include child care bills that are in front of the Congress now. That would naturally help this issue.

And, lastly for this, to re-initiate programs that have been proven to provide the creation of community action groups which support marginal families on a community level in learning how to be homemakers, in facilitating their receiving appropriate health care and developing the talents that that family has.

I would like to close with a loud note blended with a shrill note of urgency. America, just like Atlanta, has been able to answer any question that it has been brave enough and persistent enough to ask.

Senator Nunn, I think you have started the process of question asking and I certainly hope that it is going to continue.

Now, the shrill note of urgency. I would like to close with the remarks that Dr. Julius Richmond used to open the Surgeon General's Workshop on Maternal and Infant Health when he was the Surgeon General and Assistant Secretary for Health, U. S. Department of Health and Human Services in the Carter Administration:

> The health and welfare of our children is of particular importance. There is a special urgency because children have only one childhood that they pass through and if they do not get the benefits of all that our society has for them, it becomes very difficult to go back and make restitution.

Dr. Richmond closed in quoting the Chilean poet Gabriela Mistral in one of her poems which summed up the whole issue in these words.

> The child cannot wait. Many things we need can wait, but he cannot. . . . To him we cannot say "tomorrow," his name is "today".

Thank you.

Senator NUNN. Thank you very much, Dr. Brann. I believe the best way we ought to proceed is to have Dr. Anderson go ahead with his statement and then we will—I know that both Dr. Brann and Dr. Anderson have been here a good bit this morning, and perhaps Senator Roth and I can ask them our questions and then if they need to leave, we will allow them to do so.

Dr. BRANN. Senator, I would simply say that I have made the day for this particular hearing because of its importance and so I will be here as long as I am needed.

Senator NUNN. Well, good. That will be fine. We will get through the whole panel. Thank you.

Dr. ANDERSON.

TESTIMONY OF GAIL V. ANDERSON, JR., M.D., DIRECTOR, SURGICAL EMERGENCY CLINIC, GRADY MEMORIAL HOSPITAL [1]

Dr. ANDERSON. Mr. Chairman and Senator Roth, thank you for inviting me to testify at your hearing on drugs and violence. My name is Gail Anderson. I am the Director of Grady's Surgical Emergency Clinic and Assistant Professor of Emergency Medicine at Emory University School of Medicine. I am also the current President of the Georgia Chapter of the American College of Emergency Physicians.

Drug abuse is having a major impact on the health care system in Atlanta. Since becoming an attending physician in the Surgical Emergency Clinic in 1981, I have had the opportunity to see, on a daily basis, growing numbers of patients affected by illicit drugs seeking care in the city's largest hospital.

Grady Memorial Hospital is a 1,034 bed facility which sees about a quarter of a million emergency patients annually and is a principal trauma center for the metropolitan Atlanta area. About 90 percent of our surgical cases are now emergency in nature. Penetrating wounds, stab and gunshot wounds, constitute more than 60 percent of our major trauma injuries. Many of these patients have ingested illegal drugs and/or are involved in drug-related incidents leading to their injuries.

Less than 5 years ago, Senators, during early morning rounds, I would often see several gunshot victims in Grady's Surgical Emergency Clinic. Of course, not all would have major life-threatening wounds. A few of these patients might have had a history of drug-related activity. On some mornings in 1989, it now seems that more than half of the patients in the clinic have sustained injuries as the result of drug activity, including gunshot wounds, knife wounds, and infected arms and legs from intravenous injections. One night last week, seven people were treated for gunshot wounds in my Emergency Clinic from drug incidents.

The impact of increasing numbers of patients suffering the health consequences of illicit drug activity is straining the hospi-

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[1] See p. 198 for Dr. Anderson's prepared statement.

tal's ability to provide medical care. The intensive effort needed to take care of these preventable health problems consumes resources needed by all patients.

Hospitalization costs from firearms injuries have recently been estimated to cost this country almost half a billion dollars annually. More shocking than this figure is that increasing numbers of injuries from automatic and semi-automatic weapons are now being seen. Drugs seem to be involved in many of these assaults. Younger patients are also being seen.

This spring, a teenager underwent surgery at Grady after allegedly being shot in a so-called drug deal. While he was in the hospital, a second attempt was made on his life by a 15-year-old boy reportedly involved in the same drug-related incident. Another patient was recently admitted with a chest injury which ultimately proved to be fatal. Supposedly he had more than $60,000 in cash on his person.

Cocaine is implicated in a vast number of these cases. In 1985, 17 percent of all homicide victims in Fulton County tested positively for cocaine. In 1989, so far this number stands at 45 percent. In a 1986 study at a university hospital in San Diego, 64 percent of adult patients with positive drug screening tests for cocaine were located either on the trauma or the obstetrical services. The problem of cocaine babies, as Dr. Brann alluded to, is seen in a growing number of hospitals, including ours. At Grady, we published one of the first reports of patients who had developed pneumomediastinum, or air around the heart and lungs, as a result of crack smoking.

Drug related injury and illness is consuming a growing portion of the health care dollar. Patients with no control over their health problem have to vie for lessening resources with those whose affliction is largely avoidable. Perhaps we need to take heed of the advice that "an ounce of prevention is worth a pound of cure." Otherwise, the price of the cure may break the bank.

Senator Nunn and Senator Roth, I was a volunteer on the National Aid Team at the National Disaster Facility in Armenia. It strikes me that we have an impending disaster right here in rural and metropolitan Georgia that, unlike an earthquake, can be stopped.

Thank you.

Senator NUNN. Thank you very much, Dr. Anderson, and if both of you can stay, then we will go ahead and hear from the other members of the panel and have an interchange between you; but I do not want to impose on you because I know you have busy schedules.

Commissioner Lomax, we are delighted and honored to have you here today and I know you are going to be making an introduction, but we would also welcome your comments and appreciate your presence and look forward to hearing you introduce Ms. Burkhart who will be a witness here.

TESTIMONY OF MICHAEL L. LOMAX, CHAIRMAN, FULTON COUNTY BOARD OF COMMISSIONERS

Commissioner LOMAX. Thank you very much, Senator, and Senator Roth. I am delighted to be here and also delighted to welcome you and to thank you for bringing this very important hearing to Atlanta, Georgia.

The City of Atlanta is one of the growing number of cities in which the crime and drug problem is moving from potentially controllable to a point at which it will be out of control and without boundaries.

Within no more than a few blocks of this State Judicial Building is the premiere drug supermarket of metropolitan Atlanta. It is a place where you cannot buy fresh fruit or vegetables or USDA inspected meat, but you can purchase enough crack and cocaine to satisfy the appetites of most users. This drug supermarket sits in the shadows of the Coca-Cola Company's National Headquarters. It is a neighbor of the Georgia Institute of Technology, and it is virtually next door to Atlanta's Central Business District.

This drug supermarket is our Nation's oldest public housing project, Techwood Homes, a community of people oppressed with poverty, a community where the average annual family income is less than $3,000, where single parent households are the norm, and teenage pregnancy and high school dropout rates are appalling.

Yet as oppressed as the area is, affluent black and white urban and suburban visitors are frequent, and that is a big part of Techwood's problem.

In their late model cars, these visitors drive through the neighborhood every evening, easily identified as outsiders by their license tags which bear the name of suburban counties adjacent to Atlanta. They come to buy crack and cocaine from dealers on the streets, dealers who are often children and teenagers recruited by ruthless local drug traffickers.

The volume of this transient traffic from the more well-to-do neighborhoods proved to be one of the most striking revelations for me during my periodic cruises with police officers on their beats.

Last Christmas Eve ironically in Bankhead Courts and other public housing communities, on the Cobb/Atlanta line, I was participating in a vigil with other elected officials and members of the clergy. We were there because of our concern for Bankhead Courts law abiding residents and the increasing crime rates that they were facing. We were fired upon. Yes, we were shot at presumably by drug dealers who did not want us there, and had the temerity to take shots at elected officials and members of the clergy to get us out.

Perhaps the strongest single image I have though is one which affirms something that Dr. Brann said about the strength of the addiction, and that was watching a late model vehicle driven by single women, white affluent suburbanites, driving down into that public housing project to buy their cocaine on Christmas Eve, going into an area that was obviously dangerous for us, life threatening to them, but the addiction was stronger than the fear.

I grew up in another big city, Los Angeles. As a native of that great sprawling metropolis, I fear the drug problem there is almost

beyond intervention. As a citizen and elected official of the Atlanta metro area, I believe there is still time for this city to work creatively with state and federal government agencies to force back the onslaught of drug trafficking and to provide leadership to the rest of the nation in the war on drugs.

One of the most critical arenas demanding such cooperation is our public housing communities. The Federal Government must assume a more substantial role to help local and State governments to clean up the State's housing projects physically, socially, and economically. I believe that intergovernmental cooperation and leadership must focus on two broad areas; stronger law enforcement, on the one hand, and, increased prevention, on the other.

I know that this group has already heard in depth from esteemed members of our local law enforcement and judicial communities. However, I would like to share several personal observations with you before I introduce Ms. Burkhart.

First of all, everything I know about the Atlanta Police says that they are a hardworking and dedicated team of professionals. They are committed to dangerous work at hand despite the substantially increased likelihood of personal injury on the job. Part of that increased danger is the result of the revolving door phenomenon in our jails. The typical prison inmate in Georgia and throughout the country is a high school dropout. Such a limited education affords few options for making an honest living in today's job market. In many cases, that means inmates after serving time and being released become repeat offenders and ultimately career criminals who pose an even greater threat to our citizens and law enforcement.

To help provide alternatives for convicts and lessen the threat to society and police officers, I recommend that State government mandate a high school diploma as a criterion to be considered by parole boards reviewing early release of prisoners.

Such a move is entirely consistent with the philosophy that our prisoners should be rehabilitated as well as—that our prisons should rehabilitate as well as punish prisoners.

Today, rehabilitation is arguably as important to society as for the convicts.

As an educator and an elected official, I often find myself in front of groups of students in our schools. I see hundreds of eager young faces full of curiosity and promise and I know that as children of poverty, these mostly African-American kids are at terribly high risk. I know that all too many of the girls will become teenage pregnancy statistics and so many of the boys will turn to crime and drugs dealing crack for money which they do not know how to earn honestly.

People ask what kind of alternatives can we offer to the teenager who has the opportunity to make hundreds of dollars a day selling drugs. I believe that the answer gets back to some very basic values—hard work, discipline, self esteem, personal empowerment, determination to succeed and we must help that young person who is at risk to see the promise of prosperity through drug trafficking is an empty promise—a lie. We must make him understand that when he chooses to be a lookout or to sell crack for the local drug ring, he effectively limits his options in long-term expectancy.

He must come to recognize that the chances are great that he will end up behind bars or 6 feet under before he is even old enough to vote.

Marion Wright Edelman of the Children's Defense Fund urges society to intervene early in the lives of children who are adrift. I think you have heard that again from Dr. Brann.

We must do so not simply because of the personal tragedies that awaits them if we do not, but also because of the economic consequences for our society as a whole.

Several examples. Based on nationwide averages, it costs about $4,200 to keep a child in the classroom for a year. By comparison, it takes several times that figure to keep a prisoner behind bars, where 62 percent of the inmates are high school dropouts.

The average welfare family costs taxpayers about $4,300 a year and high school dropouts head more than half these families.

The problem is especially acute in the Afro-American communities where we have more black men in prison in than college classrooms. Here in Georgia it costs $30,000 a year to keep a prisoner in jail. For that kind of money, we could pay tuition fees, room and board for one student for 3 years at Morehouse College, or we could cover tuition for complete undergraduate programs for five students at Georgia State University. I know how I would rather see that money spent and I believe that early intervention can help us reduce the need for spending money on prisoner care while increasing opportunities to spend it on developing productive law abiding citizens.

One option for early intervention requires us to look at our traditional educational system in non-traditional ways. We must make education encompass more than we ever imagined it would.

Many of our young people, those referred to as at risk, live in poverty households. Now this is not the Dick and Jane land we read about in elementary school where each family has two kids, one dog and a white picket fence around a neat suburban yard. On the contrary, families in poverty do not function as families very often. These are households in which the mother may be on drugs and the father absent. Under such circumstances, it is pointless to attempt to force parents to be responsible for their children.

An alternative, one that affords us the opportunity to intervene early in young life, is utilizing our schools more efficiently. Keep these valuable facilities open 12 to 16 hours a day, 6 days a week, 12 months a year. Use that time to provide instructive environment for our kids at risk. Use that time to intervene with alternatives for them and alternatives for society.

Senator Nunn, you have talked about national service. I cannot think of an environment where national service could be more helpful than in our public schools. We expect our public school system to do in 6 hours and 45 minutes, 180 days out of the year, what is not reinforced 365 days out of the year. Many of the students who leave those schools go home to a complete chaotic environment which give them no support to remain in school or to remain students or to follow productive lives.

I cannot think of a better national service than to bring young Americans into those environments and have them provide struc-

tured supportive programs to keep these kids in school, off the streets, and out of trouble.

We must also sensitize our volunteer and charitable sectors to the needy. We must revitalize them and refocus them. We must help them prepare for new talents and we must encourage early intervention on the part of the Girl Scouts, the Boy Scouts, Big Brothers and Big Sisters, YWCA's, YMCA's and similar organizations. Every public housing project ought to have those organizations actively involved in keeping kids off the streets and out of risk.

Today, Atlanta is a successful city, yet 85 percent of our children in our public school system live below the poverty line. An estimated 40 percent of our children will not graduate from high school, and among graduating seniors, 20 percent are performing below grade level.

One of the results is more convicts and welfare recipients and few productive workers, and the workers we do produce, how competitive will they be?

Recently I talked with the Personnel Director at a downtown motel here in Atlanta. He tells me that only one of every five applicants at entry level of employment qualifies for a job. He meant entry level as in sweeping floors and mopping floors, the basic skill levels. So these youngsters who did not qualify were kids who cannot read or write well enough to complete the application form.

At the same time, I am told by the Manager of a major communications company that entry level for their jobs now means a college degree; a high school diploma does not do it.

Is this the makings of a work force that will compete effectively with its counterparts in western Europe and Japan?

As I close, I reiterate that we need a balanced approach to the problem. While it is essential that we be tougher on crime, it is obvious that this component alone will not stem the tide of drug abuse in our society. Doubling jail capacity and the number of police officers tomorrow would be only a temporary expedient. So, for that matter, would be our doubling the number of treatment facilities. Our law enforcement officers and treatment experts agree.

Clearly, we must have more jails, more police officers, more treatment facilities, but the long-term solution, as Dr. Brann has pointed out, rests with early intervention, and that includes alternatives and role models to help direct young lives in positive ways.

Simply stated, we must intervene and do so early in the lives of our at risk youth if we are to stop drug abuse before it occurs.

I want to thank you for the opportunity to share a few of my own observations and, at this time, I would like to introduce the Director of our Fulton County Alcohol and Drug Treatment Center, Ms. Burkhart.

Senator NUNN. Ms. Burkhart, we are delighted to have you, and, Mr. Lomax, thank you for your statement and your help this morning.

Ms. Burkhart.

TESTIMONY OF REBECCA BURKHART, DIRECTOR, FULTON COUNTY TREATMENT CENTER

Ms. BURKHART. Thank you, Commissioner. Senator Nunn and Senator Roth, thank you for asking me to testify.

Established in 1974, the Center is a public alcohol and drug addiction specialty center serving Fulton County, both in an inpatient and outpatient capacity. The hospital accepts referrals from community mental health centers, the criminal justice system, homeless shelters, families and walk-ins. At least 50 percent of our admissions are self admissions, or walk-ins. Operated by the Fulton County Board of Commissioners through the Fulton County Health Department, the Center is licensed for 90 beds; 40 beds for detoxification, 10 of these for females, 30 for males. Also, 50 beds for a 30-day short-term residential treatment program; 12 of these beds are for females, 38 are for males. The hospital also provides services 24 hours a day, 7 days a week.

The hospital serves primarily inner-city street addicts, 50 percent of whom have no permanent home address. The average patient is represented by a 20- to 35-year-old who is polydrug addicted, whose primary drug of choice is cocaine. Other drugs abused are alcohol and marijuana. The population is 75 percent male and 25 percent female.

The demand for treatment far exceeds the hospital's ability to provide treatment services. Patient admissions in 1988 totaled 7,000 people; 6,000 people had never been in treatment before. These were new addicts. Of these 7,000, the hospital was only able to admit 3,000 for inpatient treatment and only 800 to the 30-day residential treatment program. Approximately 4,000 individuals seeking intensive inpatient treatment were placed on an outpatient waiting list for inpatient services and provided a 6-day outpatient detoxification program. Only one-third of the clients placed on outpatient detoxification program completed the 6-day program. Frequently, addicts will live or sleep in our hospital's lobby hoping for a bed to become available rather than return to their street environment.

Since January of 1988, the Center's inpatient beds have been continually full. This impact is attributed to the prevalence of crack cocaine use. Since April of this year, the Center's outpatient programs have filled up. Every day, that is today, yesterday, tomorrow, twenty new addicts are evaluated for treatment services. Five to ten of these individuals are placed on a waiting list for treatment. Many never return to the Center. These people are dying for treatment.

Examples of our clients include the 15-year-old adolescent who lies about his age in order to get treatment, the pregnant 20-year-old woman who is HIV positive and homeless, the 25-year-old male who states he is suicidal and a rapist, and the clients who think they are sick from drug usages, when upon medical evaluation have signs and symptoms of AIDS. Thirty percent of our clients are IV drug users, 20 percent of these clients are testing HIV positive.

The hospital has reached its capacity. Atlanta does not have treatment on demand. The hospital's $3 million budget is funded 38

percent by Fulton County, 59 percent by the State of Georgia and 3 percent by the Federal Government.

The demand side needs for the war on drugs in Atlanta include more inpatient treatment slots. If we had 200 beds today, we would also be full. The hospital has requested $700,000 from the Federal Drug Abuse Treatment Waiting List Grant. Also, the demand side for the war on drugs in Atlanta needs public adolescent inpatient and outpatient treatment services. There are none in Atlanta. There is also a need for long-term residential facilities of at least six months, and Specialty Treatment facilities for IV drug users with AIDS.

Although the hospital staff is overwhelmed by the demands placed on them by the needs of our many clients, we are grateful that they are seeking treatment, because this is the only hope our clients have for a normal life. Without treatment, our client's alternatives are prison, insanity, or death.

Senator, I have a number of attachments to my statement which further explain the situation at our center and I would like to request that they be put in the record.[1]

Senator NUNN. Without objection, they will all be a part of the record.

Thank you very much, Ms. Burkhart.

Reverend Lowery, we are delighted to have you here today. I have seen you at a number of meetings on the drug problem that I have had in Georgia. I know you have been concerned about this problem for a long time and you bring to it an element of community leadership and respect in getting the community involved and getting the churches involved that I believe is certainly a very important part of the answer to this epidemic we have and so we are delighted to have you.

TESTIMONY OF REV. DR. JOSEPH E. LOWERY, PRESIDENT, SOUTHERN CHRISTIAN LEADERSHIP CONFERENCE

Reverend LOWERY. Thank you, Mr. Chairman. I was pondering your priority of order of appearance and did not know whether it was body over soul or physical over spiritual.

Senator NUNN. I knew you would make such a commanding appearance that nobody would want to follow you. [Laughter.]

Reverend Lowery. Or political cronyism——

[Laughter.]

Or whether you were simply saving the best for the last, I am not sure, but whichever it was, I forgive you and agree with you and love you, and Mr. Chairman and Senator Roth, I thank you both for the opportunity to share in this very important occasion.

I hope this means the Federal Government is going to get serious about the crisis with drugs. I do not think we have been serious. If we fought a war, any of our wars, as someone mentioned earlier as we have fought this war, we would not be worried about flags being burned, they would have already been burned and we would have a new flag.

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[1] See Exhibit 9 on p. 276.

I hope this means that we are going to engender the same kind of outrage that we have shown about the burning of flags, about the burning of our cities, the burning of our children, the scorching of our minds and the devastation of our future.

The crisis around the issue of illegal drugs is unprecedented in intensity and tragic consequences. We are seeing family stability already reeling from the onslaught of economic, social and moral challenges shockingly devastated, our children are corrupted and their future corroded; parents are beleaguered and besieged, our morals have been abandoned; greed has been glorified and honesty mocked.

As if these are not sufficient to create a national crisis, we are seeing areas of our cities, and our rural areas now, become war zones complete with automatic weapons bursting in air with traumatic consequences.

We are seeing our children cut down in crossfire between greedy gun wielding drug turf.

In Atlanta in 1988, I am advised that there were 218 homicides and most of them drug related; 12 of them children between the ages of 13 and 17; two of them babies, less than two years of age killed by parents under the influence of drugs.

These are only the confirmed and reported incidents of cruelty and violence. These statistics, as ugly and grim as they are, cannot reflect the quantity nor quality of pain and suffering, the sleepless nights, the anxiety, the terror, which is just as real as the Middle East or Southern Africa, in our community, and the frustration that our citizens, particularly our youth and many parents who fight this menace as best they can, not to mention some, God help us, who are discovering they cannot beat them, join them.

We cannot begin to understand the pervasiveness of this problem without being aware of the age of materialism and its twin greed in which we live. Our worship of things, our corruption in high places have spilled over into every nook and crook of our Nation, and those persons and communities which have the least, that is our most deprived, are most negatively impacted and frustrated. We have sown the winds of social, economic and moral neglect and misdirection, and we are beginning to reap the whirlwind of growing disrespect and no sense of direction, even contempt for society's structures and institutions.

Our criminal justice system historically and concurrently, insidiously insensitive to the poor, particularly black and brown poor, must mend its ways, even in the legislature that deal with drugs, we talk about a death penalty, a tried and failed method, and incidentally, I was disappointed in some of the votes in the Senate on the amendment to administer the death penalty without racial bias, but the criminal justice system continues to be insensitive, continues to reflect a corrupt approach to equality and to the meting out of equitable justice in this country.

We face a terrible crisis. There are those who talk about black males. The truth of the matter is, that according to some studies, if present trends continue in the next quarter century, two of three black males between the age of 16 and 30 will either be unemployed, in prison, on drugs, or dead. This calls for emergency measures.

We cannot continue to flood our homes and minds with violence, crime, sex, affluence, political corruption, on beams of electronic genius and escape the consequences that inevitably grows out of need, neglect, and despair. A marriage of materialism, or greed with despair produces congenital desperation, and desperation fanned by the abandonment of ethical behavior in high and conspicuous places, plus insidious insensitivity, produces inevitably the crisis and chaos so prevalent in our Nation today.

This panel would do a great service to our Nation if it sought answers to the following questions.

Why can we protect our borders from dreaded diseases and contaminated foods and fail so miserably in the flow of narcotics? We reject disease but continue to import the disaster of drugs. We impose sanctions on China and the government of South Africa, and rightly so, for crimes against their people, so why then can't we then, with much smaller, weaker nations, closer to us, find effective diplomatic, economic and legal means to stop the flow of dangerous drugs into our nation from other countries? We are being invaded by enemies from without and their accomplices within and we are being conquered. More than one half to two-thirds of our national budget is directed to the military and to corroborative institutions, the CIA, the FBI, Customs Service, the Coast Guard, the Army, the Navy, the Marines, the Air Force, the Senate, the House, the County Commission, the City Police, and we are still helpless and ineffective in dealing with this invasion that is costing us.

Secondly, why have the poorest of our communities been targeted for the marketing of these deadly drugs? There is no question in our mind but that the decisions have been made in powerful quarters to exploit the despair and desperation in economically deprived communities, especially if they are non-white.

A goodly portion of this panel's efforts would do well to understand and document the fact that it is neither accidental or coincidental but with deliberate intention that the market has been established in the poorest communities. We have heard testimony today that drugs have pervaded the affluent but the market is in the poor communities. That is why affluent suburbanites risk driving into black and poor communities because that is where the market is, and the market was intentionally established there. Why is that so? Why is that so?

We must react with outrage, for example, to the statement made by the Chairman at the beginning that what can we do with the scarcity of resources? Why should resources for this tragedy be scarce? If we are serious about it, we must make this a top priority. It is more important than funding the Contras, it is more important than the tremendous military budget which we have and is more important than many things we are doing, for if we do not address this issue, our future is imperiled. While we certainly have more effective law enforcement, isn't it obvious that jails, guns, and police officers by themselves cannot resolve this problem?

Isn't it obvious by now that we need a more comprehensive approach? Education through every level of our system from day care and kindergarten to the university level must introduce new and

creative ways of prevention and preparing our people to lower the demand.

We must also offer economic alternatives for those whose deprivation drives them to desperation. We must deal urgently with the need for decent affordable housing. We must act now and massively provide job training, jobs, child care and affordable health care. One out of three black families in this country lives in poverty. One teenager in Detroit, Mr. Chairman and Senator Roth, told me during a people to people tour when we were carrying on some drug prevention campaigns two years ago, one 19 year old teenager whose brother was killed in crossfire in a fight told me he would rather die than go back to the deprivation that he experienced in the ghetto with his parents before he entered the drug trafficking. He may now be dead.

We must empower community groups to minister to the frustration, confusion and exploitation of our people, while on the other hand, we deal with the poverty and despair that produces desperation. We must empower those forces in our community that are willing and are trying with meager resources to meet the challenge courageously and persistently with consultation, confrontation, education, negotiation, agitation, mediation, stimulation and invitation to change in order to precipitate on the part of those who are victims, re-evaluation, cogitation, and elimination of the violation of laws, love and life.

We face a difficult task, to be sure, but if we can encourage and empower the people themselves, they are the most effective agents of change and redemption.

Finally, as some of us have attempted to minister to this critical need, we have been sorely distressed, and I almost cried when the distinguished sister to my right talked about turning away all of the masses of people who come. We have counseled, cajoled and even converted those who are addicted and opened the doors of the church, extended them the invitation to join in seeking a new life of rehabilitation and usefulness, only to discover that there are more converts than accommodations. It is unwise and fruitless to spend billions for jails and guns and pennies for treatment centers. Nothing is more frustrating than witnessing a hunger for healing that cannot be fed.

We must engender in our people a new level of hope. When we view the problem on a prospective relationship to AIDS, we find again the poor community the most afflicted. The socioeconomic status of black and brown and poor white people make them especially vulnerable to any disease or any affliction that comes into our community. When America has a bad cold, poor black and brown and poor white people have pneumonia. We must deal effectively with that economic crisis and we must have affordable, available, alterations for treatment.

We are approaching this problem with the same vigor and vitality we approached the civil rights struggle in earlier days. We call the pushers and drug traffickers the new KKK, killer, krack and koke. They are the new lynch mob. We are stirring our people to resist them with the same vigor we resisted the old lynch mob. We must deal at their level.

I have to close by saying appended to this report is a program called "Wings of Hope," which we began in Detroit, Dayton, and Atlanta with church and community groups to do just what we have talked about and there are some specific recommendations about task forces and counseling groups and so forth, if we can get the resources to work it, but I cannot close without saying that we have talked about liberating lifestyles in poor communities and we are talking about fighting from within, and we are challenging our people not to fall victim to the assault from without by our faults from within, and so we deal with decision and the liberation of lifestyles that we talk about have psychologically and political implications, but it also has spiritual. We have been a people of hope and with the proper help we can engender hope in our people again.

The Reverend Johnson and his associate in writing a song and some called it black national hymn said that we had hope and hope unborn had died, and we need help to engender that kind of hope in our people again, that we can resist this dangerous tide, this terrible plague that threatens our people.

Thank you very much.

Senator NUNN. Thank you very much, Reverend Lowery.

Dr. Carpenter, you have the unenviable task of following this distinguished panel, and you are a very important part of it. We have heard almost every witness we have had, from law enforcement, to the medical, to the education, to the community leadership talk about early intervention and prevention, and so I think it is appropriate that we talk about your statement at this time because you are very much involved in that.

Dr. Carpenter.

TESTIMONY OF MICHAEL CARPENTER, PH.D., CRISIS INTERVENTION CENTER, COBB COUNTY PUBLIC SCHOOLS [1]

Dr. CARPENTER. Thank you, Senator Nunn and Senator Roth for giving me the opportunity to testify and represent what we are doing in Cobb County. I am an Intervention Specialist with the Cobb County School System. Since Commissioner Hightower gave you some stats on what is going on in Cobb, I will skip that and I will start with the PRIDE survey.

The PRIDE survey came out a couple of years ago and indicated that 1 percent of all drug use takes place at school. We are really interested in looking at, if drug use is taking place at school. We did find out through this survey that most student drug use occurs at night and on the weekends, and that the predominant location of the use is at a friend's house.

We know that the most common drugs of choice are wine coolers, beer, and cigarettes, and that these are gateway drugs. For example, we know that 81 percent of those kids that smoke cigarettes go on to smoke marijuana and that we are talking about poly-drug use. Even though we know that our major focus is alcohol and we know that there is a lot of denial, as Senator Roth was talking about earlier, with people overall.

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[1] See p. 201 for Dr. Carpenter's prepared statement.

We know the brain does not know one chemical from another and so we are just looking at overall chemical use. Senator Roth brought out the question of whether someone in one affluent area is more prevalent for the disease than another area. We know that if you are talking about a poor student in South Georgia or North Georgia, if you are talking about Cobb County, East Cobb County or South Cobb County, we know according to national statistics that one in four students have an alcoholic or other addicted parent. And we know that in Cobb County, with the number of students out of 68,000, we are talking about 17,000 Cobb County students, (if we go along with the national statistics) have an alcoholic parent.

We know that among us professionals or adults, one in seven has a genetic predisposition toward the disease of chemical dependency.

We know that in adolescents the disease progresses within 6 to 9 months. In adults, it may take up to 27 years. So, our focus, as many have said, is to push the onset of first use upward. The disease is twice as prevalent among males as females.

We know that 97 percent of our families are dysfunctional. Working with dysfunctional families should be one of our major focuses.

Prior to the involvement in Drug-Free Schools and Community Act of 1986, Cobb County, made progress through doing similar things that others have, having a drug education curriculum at every grade level K through 12th grade, having a system-wide policy involving security officers, undercover agents, drug sniff dog programs, community action groups and, of course, involvement with groups such as MADD, SADD, PRIDE, and JUST SAY NO.

With the onslaught of the new money coming from the Drug-Free Schools and Community Act of 1986, we had decided to use our money in a different way and instead of recreating the wheel as I am sure it has been done in other parts of the country, we decided to organize an intervention center or as we call it, a prevention/intervention center.

We started off with two intervention specialists. We now have a secretary and four intervention specialists. We give direct assistance to families of kids that are in crisis. We call them high risk kids when exhibiting certain self-destructive behaviors. The overall feeling is that drug use is the umbrella that most self-destructive behaviors fit underneath, whether you are talking about teenage pregnancy, depression, etc.

We work on the phone and we identify those students at risk through an administrator or the parent calling us. We have a hotline set up. We intervene with that student or family. We assess the extent of the problem. We refer the family for services ranging from education to a "free assessment," by professionals in the community.

In our community we are blessed because we have, a community composed of approximately 20 treatment centers and more than 10 counseling centers that offer us an evaluation to families of kids that we feel are showing high risk behavior. The last thing we do is to provide case management follow up services for them.

We are looking at high risk students. We define an at risk student as, under the age of 21, using chemicals, and involved with

one of the following: The very first characteristic is the group that is most at risk in any population, but specifically in a school population—a child of a chemically dependent person. In every state it is one in four; the person who is truant and a potential dropout, sexually active, from a dysfunctional family, a victim of physical, sexual, or emotional abuse, in special education, committed violent or delinquent acts, has attempted suicide, long-term physical pain, a runaway, eating disorder, or has been retained or administratively placed, or speaks English as a second language.

Now part of that definition comes from the Federal Government. We increased that definition.

To implement our program, we are continuously educating the faculty. We have 78 schools. We have gone to all the schools to talk about the disease of chemical dependency, how it is progressive, primary, chronic, the stages of development and how you are hereditarily predisposed. We train everyone, from teachers, to bus drivers, secretaries, obviously the administration, security officers, and custodians. Everyone needs to be knowledgeable of this disease and how we can all be impacted by it. So we're trying to achieve greater awareness in training staff.

We have only been operating a year and half currently. During our first year, we started in October and ended in June we did approximately 500 interventions on the phone and, again, most are on the phone. We are talking about intervening with high risk families and we are trying to get them assistance.

This past year, we have intervened with 1,036 families. The best way to represent this picture is to look at a typical month. If we say we get a hundred interventions a month, and an intervention may take from 30 minutes to an hour initially, 28 referrals out of 100 each month are sent from elementary schools, 32 from middle schools, and 40 from high schools.

Out of 100 each month, it is not atypical at all to find 80 of those to have a family history of chemical dependency. Families confide in us over the phone that a parent, a grandparent or a sibling has a chemical dependency problem.

Now, the type of referrals have different presenting problems. We know that 42 referrals out of a hundred each month have presenting problems of depression, that they are threatening self-destructive behavior sometime or suicidal ideations; 24 chemical use, they will tell you initially what is going on with their child, and that he/she is using drugs; 17 out of 100 are aggressive, 7 out of 100 are abusive—physically, sexually, or emotionally; and 10 out of 100 are referrals such as withdrawal psychiatric, occult, etc.

Here are some examples and these examples are probably not good representatives, but are probably eye catching examples. We have a kindergartner, for instance—whose father is alcoholic, is depressed and wants to die. He wants to kill himself. Thank goodness he does not know how.

A second grader brings vodka and orange juice to school in a thermos. We then ask ourselves are we supposed to do prevention or intervention in the elementary schools.

A sixth grader shows bizarre behavior at school and is placed in treatment for using cocaine and pot. That child informed us that his source came from his stepfather.

A fifth grader attempts to hang himself in front of his house in a tree. Ten fifth graders sit in the back of a science class and scratch their wrists using razor blades. An 8th grader, apparently overdoses by inhaling WD40 and ammonia. Eight of his classmates are hospitalized for depression the next day. A ninth grader carves an inverted cross length wise and width wise on his chest. A 10th grader has lost weight down to 74 pounds and has gained back the weight, is cutting herself, got intoxicated, is depressed and then, while we are trying to intervene tries to kill herself driving her car; and, lastly, one other example, an 11th grader burns himself repeatedly under a sunlamp. So kids can find many ways in showing their desperation.

We, again, work with a large coalition of treatment people. We could not do it by ourselves. The community is very important. We do have indigent families in Cobb County and we work to find free beds for these people, not as many as we would like, but we do find some and we have a lot of people that work on sliding scales and that helps. We have been acknowledged by NEWSWEEK as having one of the highest suicide rates in the nation. I am not real sure in which age group that is found, but it is always assumed that we are talking about teenagers.

In 1987, there were seven students or teenagers that completed suicide in Cobb County. Six of those were attending the school system. After we began the intervening process of educating the personnel and since January of 1988, according to the Coroners Office, we have not had any students that have been attending Cobb County Schools that have completed suicide. We are not saying that there are not as many attempts as we used to have, there are probably that many or more, but we are trying to continue to educate to intervene. We do know that 80 percent of suicides are related to chemical use.

The school system has a drug policy. It has what we call a MACAD program, an insights program where we are educating parents and kids.

To conclude, we think the problem is very complex. Our school system believes that intervention and prevention efforts are a must and we must start with identifying our at risk students as early as possible. As I inferred before, probably on the delivery table or before. We need to look at two areas: identifying at risk kids and employers in this program. Do not forget those people who are supposed to be our role models. If schools are to be successful, they must build a three legged stool. One leg of the stool has to be working with parents and a second with the community, and the third with the schools. To combat this problem is an ongoing process and if any one leg weakens, the stool will collapse.

Thank you.

Senator NUNN. Thank you very much, Dr. Carpenter, and to all our panel, we thank you. I am going to ask Senator Roth to lead off with the questions for this panel and then I will follow up.

Senator ROTH. Thank you very much, Mr. Chairman. I want to express my appreciation to the panel for their very informative and incisive remarks. I only wish we had some magic answer. I would like to dwell on sort of two broad problems, if I might, for the few minutes I have for questioning.

It seems to me that one of the things that we have to do if we are going to succeed in this war against drugs is to change the attitude of everyone towards drugs, and the one thing that gives me some hope in this area is the fact that cigarette smoking has moved from an area of total acceptance to a situation where most smokers are apologetic for smoking around you.

I do not know whether there is anything we can learn from that experience or not, but I would like to ask some questions on how that change in attitude on smoking occurred.

I think, Dr. Brann, or Dr. Anderson, I do not know if you are M.D.'s or not, but the medical society played a very significant role it seems to me in helping change attitudes on smoking by making public comment consistently about the dangers of smoking. Is there something more the medical society can do more in this area, particularly through their communication with patients, which would help bring about a change in attitude, Dr. Brann?

Dr. BRANN. I think certainly they can take one of the leading roles in initiating for each patient to help that patient recognize the adversities for themselves and for, for instance, the fetus, undelivered.

I think it does take a national effort which the Surgeon Generals, the last four, and I guess that is why I put the words, as long as we continue to ask the question, we must be persistent in looking at the new avenues and the new persons in various communities which do influence. It has taken time to make this major change in tobacco.

I think that it is important to recognize and I do not want to take the light off of the current issue, but for alcohol, in this country each year, there are three hundred and fifty thousand alcohol related deaths, and currently the number of deaths related to cocaine and all of the other drugs is seventy thousand.

Now, the first time I ever had to have a lobbyist for the tobacco industry sitting in on a consensus conference on the adverse effects of smoking occurred when I was in Washington about 4 years ago. I had to deal with the entrepreneurial industrial part of our society when we already knew the adverse effects, and an interesting conference, which I think I would like to submit something on, Senator, is called "Closing the Gap" which President Carter and the Carter Center initiated on health, had in 1984, in which he looked at the 12 major problems that prevent the American from reaching the age 65, and he asked experts to come in and talk about that, and alcoholism and tobacco were two separate issues.

And I think that the beginning fight has to be on all addicting substances. We do have to realize that the Federal Government does receive an enormous income from both alcohol and tobacco. To take away that would be significant. We already know the impact of taking away the use of tobacco and the influence, the lobbying, for alcohol.

However, it is necessary to ask those critical questions and to begin, just like you have asked, what does it take to continue now, as in tobacco, the assault on this problem. I think medicine can do only a part. It does have more effect, the trickle down effect of the Chief Executive Officer of this country, to make a statement.

Senator ROTH. Dr. Anderson.

Dr. ANDERSON. Well, I was just trying to figure out how I might add to Dr. Brann's statement here. I think one of the problems that you alluded to was the cigarette situation and, of course, it is a product that is legal versus one that is illegal. To get patients to discuss their drug problem when they are presented in the Emergency Department is kind of difficult. This is not usually something they volunteer and to identify those patients sometimes at that time is very difficult.

As far as the medical society in general I think, in answer to your question, I think it may be something that can be done in terms of trying to educate patients. Of course, that is a broad topic and you have to go everywhere throughout the whole society and until we get a feeling in the country that drug use is not good by all aspects, then we are not really going to have a chance at it, to conquer the problem.

With cigarettes, repeated emphasis by the Surgeon General over the years to various medical societies slowly made inroads into the lifestyle issue that was affecting a lot of Americans.

In terms of drugs, illegal drugs today, the problem perhaps is a little bit different. I do not know that there is an easy answer. Again, you have to get at it from both sides, I think, the supply and the demand side, and if we can get people to agree that it is not good——

Senator ROTH. Well, I agree with you that we have got to attack the problem from every direction although I have to say that ultimately it seems to me that we have to deal with the problem of demand. Somehow we have to change attitudes. I think a large role can be played by television and the media which I think you, Dr. Brann, mentioned in reference to young mothers and what needs to be done.

My only difference with you in that area is it seems to me we have to make sure that we try to get this message across to everyone through TV.

I would like to ask Ms. Burkhart about the success rate of rehabilitation. It is my understanding that the success rate is not that great even under the most ideal conditions where you have a patient who is interested in being rehabilitated and attending the program. What is the percentage of success of your rehabilitation efforts?

Ms. BURKHART. At our center, we do not really keep a percent rate. Of the 7,000 people that came to the center, if 50 percent of them are clean and sober today, we are talking thousands. If 10 percent are clean, we are talking 700. You are correct that the relapse rate on cocaine is much higher than on alcohol, the compulsion to use is much greater, but what our role is, is to plant a seed in the clients and to tell them that there is another way of living and that there is hope, so that many—relapse is part of the disease, that they know there is some place to go, there is treatment, and there is particularly Narcotics Anonymous, that there are—we hear so much about cocaine that we forget that there are people who have recovered, that are recovering from cocaine use, and they are in Narcotics Anonymous, and it is these programs that are crucial to what we do.

Senator ROTH. As I understand, there is presently no effective medication for the treatment of cocaine in contrast, say, to alcohol or methadone for heroin. Maybe I should save this question for Dr. Snyder who I know is involved in this area, but I would like to ask the doctors here, when we suddenly found we were faced with this horrendous problem of AIDS, it became clear that we knew very little or nothing about it, and that it was essential to conduct a major research program to try to find ways of either preventing or curing AIDS. Aren't we in that same situation with respect to drugs? Should the federal role be to engage in a major research effort to try to find some preventatives? If we are really going to deal with this problem, if recidivism and the rate of success in practical change is so low, don't we need some kind of a major research program, perhaps a corroboration between the private and public sector to find some methods of dealing with cocaine addiction?

I get very discouraged when we talk about all of the things that I agree with that should and need to be done, but you are talking long term. Is there a place for a major research program to try to find some way of dealing with this medically?

Dr. BRANN. I do not know that I am equipped to speak to the issue of a major research program in terms of drugs that may alter and reset the pleasure zones that control the centers of the brain. Certainly there is ongoing research into what medication to use to try to lessen that response, the trigger response, so to say.

I think we do have examples that are very useful to us in human experimentation that most people do not use cocaine. I tried to take a look at the long term intervention strategies that would make a difference and I spoke to the many comments made to the—why a person will use it and it has to do, and the issue, its occurrence in the low income section of this country, is the issue of hopelessness. The issue that there is nothing left and to work at Grady with women and children, you get the issue that it does not—there does not seem to be a bright day, and I think the issue of trying to outline in the long-range programs, sometimes we delude ourselves in that there is a magic medicine to cure it.

Well, we do have to, however, remind ourselves of the recurrent issues that lead people and I liked the term congenital despair because I think I see it day after day after day. It is the first time I have heard it put that way, but is when nobody around you succeeds, that that is a problem, and so I do not want to say that there is not a magic, or there is not some scientific research, but there are already known strategies which keep people from staying in and coming out of poverty that we know work.

Senator ROTH. There is no question a major part of the program has to be giving those people hope, and I would in no way want my suggestion to be thought as a substitute for bringing education, opportunity, housing, all of the other things into the picture; but the fact is that, while it is certainly understandable why those in poverty turn to drugs, they are not the only ones.

Crack cocaine, as we have already heard is a serious problem in affluent neighborhoods as well. These are not people without hope. Many of them have all of the physical things that are desirable; maybe they are lacking in moral convictions. Maybe there are

some medical answers that can help reconstruct these lives. That is not going to solve it alone. I do not think any of us should or would argue that.

Senator NUNN. Thank you very much, Senator Roth.

Dr. Brann, what can you do about babies that are born, in effect, addicted themselves because their mothers are addicted, what can be done for those babies?

Dr. BRANN. Right now, the syndrome of withdrawal is not as evident and as florid as with heroin. It is a different withdrawal type situation.

Senator NUNN. For the babies?

Dr. BRANN. For the babies themselves. They are hyperactive, they are nervous, they are jittery, and this may occur over 3, 2 to 3 months, and so the issue then of the child care is the largest component of the intervention strategy for the child to survive even for the first 3 months, and that was the center piece of the first intervention strategy that I suggested, is that right now we do not have any services in Georgia and we have to send babies home to addicted mothers. We do not have child protective services adequate enough to even handle many of the other problems, so the length of hospital stay has to increase, simply many times for social reasons, because we fear to send the child home; but we would be backed up enormously if we did not and so that was the reason for the first suggestion, and it was also a plea of a comprehensive program to affect the woman's life outlook.

Most programs right now do not take women who are pregnant and if a woman does have children, there is no child care supplied for her to go into inpatient care. So I try to work with the social workers at Grady in putting together the components of a program simply to take care of the most dependent person in our society, the newborn infant, simply in an effort to give the programs of education and law enforcement a chance to begin to take effect and it is costly, but I think that, as I said, New York City has an ongoing program, and there are other experiences that we would like to call on that have a larger view of what does work. That is what we need, simply the child taken out of the home and given normal child care too, because the mother does not go for WIC registration, she does not bring the child back in because she is addicted. She is either doing drugs or working to get the money to buy the drugs and so that leaves her no time for her child. The family has disintegrated around her and so there is not a lot of support, and so the child is either abused, neglected, even abandoned. I hope I have made myself clear because that initial program is a fairly comprehensive one.

Senator NUNN. Would we need a change in the law to take on that initial program, phase one, that you are talking about in terms of being able to separate the mother from the child?

Dr. BRANN. Well, it simply does require for protection services to temporarily take the child. There have been, I am sure, issues in New York City to permit that to happen. There are right now extenuating circumstances where we bring cases to the judge, the juvenile court judge, and it varies with the judge, but the problems—I am speaking now more from the child's point of view, the program is designed to rehabilitate the woman to care for her child. It

is not a punitive program that I am suggesting. It is not that separation, we are going to take your child, it is that we are going to help care for the child while we intentionally help you and then it is getting the housing, getting her on Medicaid. Those are things that an addicted woman cannot do, and even not an addicted woman, because of the length of time to get help simply in Atlanta. Even where housing exists, it has not been repaired and there is a three month waiting period at times simply to repair the house.

Senator NUNN. Dr. Anderson, who is paying the bills for the increase in trauma cases that you refer to in your statement, the increasing gunshot problem, who pays the bills for all of this and how is this increase in drug-related prevention and treatment affecting the other patients in hospitals that are not drug related?

Dr. ANDERSON. Well, that is a good question. I was looking at and did a study myself about a year ago at our hospital to see what the reimbursement rates were for all patients in general and in trauma cases and I found that about half the patients where we were getting reimbursement for and, in general, that figure is only about 25 percent for the trauma patients, so the trauma patients are getting reimbursed at a lower level. I think that often that because the victims themselves are uninsured or are not in the older age group. As far as who is paying for it, I guess it is the citizens of the two counties of Grady Hospital as well as all of the other sources of revenue that we have got. It certainly is having an impact, because our job as physicians, doctors and nurses is to take care of anybody that comes in the hospital and no matter what their problem is, we try to take care of them, and so we do not differentiate among people on the basis of taking drugs or not taking drugs.

The problem for us is that of the crowding of the resources, today it is crowded over there at Grady Hospital. We have a difficult time finding adequate numbers of intensive care beds on some days and those patients who have drug overdoses or who have traumas secondary to drugs, or injuries, obviously are going to have to be taken care of as well and so it is a big problem, and it is getting worse. I think that we are going to have to look for outside sources. The funding is just, I think, a tip of the iceberg. I am not certain I have any real solutions for you today. We have a whole lot of problems however.

Senator NUNN. Reverend Lowery, are you satisfied now that the churches are doing what they can do in this area and in other areas of Georgia? What message should be giving to the churches in terms of their potential to help improve this situation?

Reverend LOWERY. I have to honestly say that, no, I do not think they are doing what they could do. I think they are beginning to recognize the opportunity that churches have whereby many of them are in high risk communities, exist in high risk communities and they are beginning to get involved in some of the programs.

One of the major problems is, and that starts with the community agencies that do not have the resources to deal with them on the kind of full-time, around-the-clock basis that we need. We need to form those support groups, there has to be counseling almost around the clock and there has to be concurrently a provision for treatment and for economic opportunities.

The credibility of those who work with people at the grass roots level is at stake. When you say come forward and we will give you help if you want to get free of this plague, if you want to come out of this prison, and then when they come and we have no where to take them, they begin to think you are shuffling jive, to put it in the vernacular, and I guess to a certain extent we are, and that is why I guess I am kind of hard on the government, shuffling jive about the problem, and are not making available the resources that we could.

I think if we put it in the hands of more community groups such as churches and others, resources where they can staff and the aid revolves on 90-day approval of our vouchers, but if we wait on that, we are going to be in terrible shape. We have got to find people and people who are available. For instance, we have at SCLC working with AIDS and drugs, we have some teams made up of ex-addicts, people who are ex-addicts, and they make excellent counselors.

Senator NUNN. That is pretty effective.

Reverend LOWERY. They are, but you have got to pay them, because they do not have jobs.

Senator NUNN. Right.

Reverend LOWERY. And if you cannot put them on the payroll, they do not volunteer because they have to go out somewhere and find work to do, and so there has to be, I think churches are really sleeping giants and we can put them to work on this problem if we can get the staff.

Senator NUNN. Could churches use the young people if you had the right to select young people that the Federal Government was going to pay and help with education, could you put the young people to useful work?

Reverend LOWERY. Yes, sir. I am old enough to remember the old CCC, and many of you, of course, are not old enough for that.

Senator NUNN. Yes, I am familiar with that. [Laughter.]

Reverend LOWERY. But there are a lot of positive factors that came out of that. I mean I am not talking about military service.

Senator NUNN. I know what you are talking about.

Reverend LOWERY. Yes, they have been able to do it, but on the other side, I think it is an excellent idea that ought to be explored. We just are not creating jobs fast enough to deal with young people who need to work, and the best immunization and vaccination and research has already been done, Senator Roth, if we can get these people productive jobs, if we can get them gainfully employed, it makes them much less high risk while the long-range research is going on, but, yes, we could use them, churches could use them to an excellent end if they were available.

Senator NUNN. Thank you. Yes, Senator Roth.

Senator ROTH. I agree with you, the churches represent a tremendous resource, that would be helpful. One of the problems we run into on the Hill is the issue of separation of church and state. At the same time, I fear the decline of religion has been part of our problem in the drug area. But do I understand you to say, you do not feel that the utilization of Federal funds in this area would be a violation of the separation of church and state?

Reverend LOWERY. Well, I do not think so. I think the same way churches participated in 221 housing and 236 housing through setting up corporations that could handle some of it. I do not think that would have to do, anything with the government favoring the religious institutions. I think it has to do with the Federal administration utilizing available resources for a critical problem, and I think it could be done that way just as it is being done in other instances it is being done that way, and I do not think it violates the Constitution at all.

Senator ROTH. Certainly, you are absolutely correct in your statement that that is a tremendous resource that should somehow be utilized.

Reverend LOWERY. And it is an institution that has credibility, you can trust it, and can work hand in hand with the health people on counseling and intervention.

Senator NUNN. I am going to have to regrettably end the questioning for this panel. We have another very important witness now that relates to some of the questions Senator Roth has been raising about what can we do in research, what can we do in technology, can we find a medical way to begin to help alleviate some of this problem and help prevent it.

So I want to thank each member of our panel, Ms. Burkhart, Reverend Lowery, Dr. Brann, Dr. Anderson, and Dr. Carpenter for being here, for your tremendous help, and we will keep the record open because your suggestions as we move along here will be helpful.

I plan to make a digested report of the recommendations here available to Mr. Bennett and so we won't necessarily be waiting on legislative activities because we know, under our system, they are slow at best.

We will also be making your recommendations available to him and he is supposed to be coming up with a drug strategy by September to present to President Bush.

Dr. Brann, and all of you who have had suggestions here this morning, and each of you have, your suggestions will be made available to him and to his staff, and so thank you so much for being here. We appreciate it and we hope you will stay in touch with us.

Our next and final witness this morning is Dr. Marvin Snyder. He is the Director of the Division of Preclinical Research of the National Institute on Drug Abuse.

Dr. Snyder has recently been named to head a Drug Development Task Force which has been created by NIDA to encourage research and development in the addiction and treatment medication area.

Dr. Snyder can tell us what is being done in this area and what the focus of his work is and the promise, hopeful promise for the future. I do not know that we have any breakthrough here, but at least Dr. Snyder can bring us up to date on some of these important research activities.

Dr. Snyder, we swear in all of the witnesses before our subcommittee and so I will ask you to take the oath.

Do you swear before this Subcommittee to tell the truth, the whole truth, and nothing but the truth?

Dr. SNYDER I do.

Senator NUNN. I thank you, Dr. Snyder, for being here. I know we have time limits but we are going to—I think we have got time to meet both your time limits and ours now and so take the time you need to give your opening statement and then we will have questions for you.

TESTIMONY OF MARVIN SNYDER, PH.D., DIRECTOR, DIVISION OF PRECLINICAL RESEARCH, NATIONAL INSTITUTE ON DRUG ABUSE [1]

Dr. SNYDER. I appreciate your concern in regard to my time constraints.

Mr. Chairman and Members of the Subcommittee, I am Dr. Marvin Snyder, Director of the Division of Preclinical Research of the National Institute of Drug Abuse.

I would like to tell you today something about the program that we are engaged in to develop new medications to treat drug addiction.

By provision of the 1988 Anti-Drug Abuse Act, supplemental funds on the order of $10 million were made available to our institute to establish a medications development program. The institute redirected an additional $10 million in order to get the program off to a fast start with a total $20 million initial budget.

The goal of our program is to do two things really. One is to treat drug abuse, and the other is to stop the spread of the HIV/AIDS epidemic. HIV infection is a devastating disease. We have only—we are only beginning to see the impact of it on society, and I think we are beginning to see the impact of that disease resulting from cocaine addiction and on newborn babies born to drug abusers.

I think the testimony I have heard earlier this morning only reiterates the extent of my feeling about the intense enormity of the situation we have developing in this country and which we will have to pay the price for 10, 20, or 30 years from now.

In regard to cocaine, the saddest sight I think I ever saw at a scientific meeting, and one on which I will try to submit material for you for the record, was a case of a typical female drug abuser listing the medical conditions that she was suffering from prior to giving birth to her child. If you think that child ever had a chance of accomplishing anything in this world, one look at that medical record was enough to show that that baby entered into this world with the odds stacked 99 to 100 to 1 against him/her ever succeeding. These people are either exposed to HIV infection and about 10 to 20 other infections or serious medical conditions and as I say, I will try to get those for you and put it into the record.

Drug abuse is a unique disease, one in which the individual seeks to alter their own conscious world. We frequently use the term "to experiment," and what they are actually doing, they are experimenting with the functioning of their nervous system. We view drug addiction as a disease and this has raised some issue and some need for explanation.

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[1] See p. 207 for Dr. Snyder's prepared statement.

Clearly when somebody is smoking marijuana over the weekend or taking a drink every other weekend or using cocaine occasionally, they are engaging in a voluntary behavior and they have the freedom of choice.

In terms of our treatment program though, we see people who show up for treatment, either because it is mandated by the court, or the family has gotten on them to go, or they are finally in so much trouble that they know they must get help.

Individuals at that stage have actually taken enough drugs to specifically alter the basic functioning of their brain and we believe that they are no longer functioning in a normal way and no longer have free will. This is not to say that they are not rational. It is just that their entire waking hours are focused on the attempt to secure the drug experience and the drug. So their activity, their waking hours, their entire activity, their thinking——

Senator NUNN. Does that apply to alcohol abuse as well as drug abuse or are you making a differentiation?

Dr. SNYDER. I think it is true when you get into the situation where somebody is an alcoholic as opposed to a social drinker, you are indeed in a similar situation where you have fundamentally altered the normal way the brain works.

The goal of our treatment program is to try to develop medications, and we use the word "medication" very specifically. We have people who say well you cannot treat drug abuse with drugs and rather than engage in a semantic discussion of that, we are using the term medication. This is important. The word medication indicates that we are trying to help drug abusers, to treat them. We are not interested in punishment. We believe that drug addicts are suffering from a brain disease and the effect of the medication development program is to develop a medication that can be used to normalize the brain functions so that the patients can begin to get a little bit of control in their life and most importantly, and, again, in the context of what we said before, they can become engaged in the treatment and rehabilitation system.

The treatment drugs or medications that we are talking about are not antidotes, they cannot cure drug abuse themselves, but they are the first step toward dealing with the brain dysfunction induced by drug addiction. Medications do not address all of the surrounding social and economic and legal aspects of drug abuse, and we most clearly have to deal with those in order to have significant, long lasting progress.

We have fundamentally three goals. One is to develop medications that can replace abused drugs but are not so harmful to the individual. One such drug is methadone. Methadone has a mixed reputation, but we think that it is a very successful drug, and nowhere is this success more clearly seen than if you look at the rates of HIV infection in people who are in methadone maintenance programs and people who are not. If you are successfully treating with methadone agents your seropositivity rate, the fact that patients have been exposed to HIV infection, is some 30 to 40 percent less than among street addicts, and we consider that to be a success for the methadone program.

Also, methadone-maintained clients hold down jobs and have a stable family life in a much more consistent fashion than the typi-

cal drug abuser and so we think this idea of replacement therapy, which is what methadone is, has worked well for opiate addiction and might work well for some aspects of cocaine addiction. However, I must say that in cocaine studies pursuing replacement therapy, we have not been very successful and this approach may be useful for just a small part of the cocaine abusing population.

Different patients respond differently to treatment and we want to develop medications that could be used for a variety of different patients at different points in their treatment program. If, for example, you have a urinary tract infection and you go to your physician, he/she is going to review your history, will ask if you are allergic to any drugs, and so on, and depending on what the infection is, he/she will make the decision to give you maybe one of a dozen different possible antibiotics.

Our role in drug abuse treatment and medications development is to develop a series of medications and treatments that can be targeted to specific patients with specific drug abuse problems at a specific point in their therapy. The treatment of drug abuse for cocaine addiction is not the same as for heroin. I think the distinction was made earlier; heroin and cocaine are entirely different drugs. They both are legally defined as narcotics but in terms of their mechanisms of action, you can take heroin and alcohol and be kind of satisfied for a short period of time, as opposed to cocaine where you go on binges of repeated drug administration. It is a stimulant drug and you want to use the drug repeatedly.

Senator NUNN. That is not just crack you are talking about. You are talking about——

Dr. SNYDER. I am talking about cocaine or amphetamine.

Senator NUNN. It was not many years ago that we were hearing that cocaine was not addictive. People were putting out that propaganda. Was that ever thought to be the case by the medical community?

Dr. SNYDER. It is a very difficult issue to address quickly, but I will try to. The term addiction, historically in the drug abuse and medical community has been defined by the appearance of certain withdrawal symptoms, that is fever, malaise, jitters, nausea, vomiting. These are associated with withdrawal from heroin addiction and the word addiction was defined by the appearance of those withdrawal symptoms.

We have with cocaine a new kind of drug and it required us to re-evaluate and re-define the word addiction in that it is now defined in the sense of a chronic, perseverative, even monomania to get the drug, to repeat the drug experiences. Your entire lifestyle is devoted to getting the drug, and that is a re-definition that has taken place over 3 or 4 years in terms of cocaine.

Senator NUNN. Well, it is abundantly clear from what you just said that cocaine is if anything even more addictive than the average person would gather.

Dr. SNYDER. Cocaine is more addictive in the sense that it produces the drive to repeat the drug experience and this drive is much more frequent and much more intense than it is with heroin. Cocaine itself does have withdrawal symptoms; it just took awhile to define it. When you have a cocaine addict who stops taking cocaine, they go through a period of despair, of severe depression,

and also become, in effect, anhedonic which is a word that means they cannot experience pleasure anymore. Cocaine affects those areas of the brain that give us pleasure from a whole variety of things, such as, sex, eating, drinking even, enjoying the warmth of the sun. Cocaine gets into the brain reward system and basically disrupts it in a way it makes it dysfunctional in the chronic cocaine user and the only way those people can experience pleasure or even feeling a sense of normality is with a powerful chemical effect directly into their brain which is what cocaine represents.

Senator NUNN. I do not think that message is out there to the American people. I know that is well known to the people in the medical community and it is well known to people in treatment and probably people in law enforcement, but I do not think the average person out there understands that. I think they think crack now is extremely dangerous, many people are learning that, but I do not think they make that distinction, because for a long time, we used to hear about heroin being addictive and cocaine not being addictive and that is sort of the theatrical message we got from many of the movies and television and everything else, that cocaine was cool and heroin was addictive, and I just do not think we have made that educational move on a massive basis. It has to be made to inform people.

Dr. SNYDER. We have, in conjunction with private industry, mounted a significant cocaine information program to inform the public of the addictive nature of cocaine, that cocaine is a big lie, and I think we have done a reasonable job of putting that message out but——

Senator NUNN. When did that start and how much money did you put into it?

Dr. SNYDER. I think that it started about 2 years ago and the amount of money I would have to get and submit for the record because it is an area that I am not directly involved in.

Senator NUNN. Could you submit that for the record?

Dr. SNYDER. I will be glad to.

Senator NUNN. Go ahead, I want you to finish your statement. I did not want to interrupt you, but I could not help myself on that point.

Dr. SNYDER. I would caution that Federal dollar amounts may be small because this was a voluntary effort by—I believe the Ad Council of America was involved, so I am sure there was a significant amount of time and money put in it overall.

One of the major problems we are facing right now and have faced in the past is to developing new therapies for the treatment of cocaine addiction, or opiate addiction or any form of addictive source has been a lack of interest in the pharmaceutical industry in pursuing it.

Drug companies basically do not see much profit in treating drug addicts and there are a variety of reasons for this. One is up until the cocaine epidemic, the number of people who abuse drugs were not a sufficient economic incentive to enable the industry to devote full activity to finding a treatment.

The industry also is concerned with having their product lines associated with drug addicts. It may be difficult to believe, but a lot of people can be reluctant to take drugs for their own medical con-

dition because they feel it is being used to treat something they do not like, like drug abuse.

I just had an example of this. My mother called me in the middle of the night recently and she was very much concerned. She is taking a heart medicine and she had read an interview that I had given about this medicine that was being experimentally used to treat cocaine addicts and she said she was not going to touch anything that a cocaine addict was touching. It took me about 30 minutes to calm her down and tell her no, cocaine was cocaine and she had a heart problem and this was the ideal drug for the treatment of her heart problem.

But the drug companies are not making this up and they worry about that, because many of the medications that might be useful for drug abuse are also useful for other diseases for which there is a much larger market than drug abuse and they are afraid it will interfere with that market.

There are a variety of other issues involving the pharmaceutical industry and one of the things that we have been discussing with them is ways to get them more significantly involved in this developmental process. One of the things that we have tried to do is to engage them in an arrangement whereby we would do some of the developmental work and they would share some of the final developmental work and work with the FDA to get the drugs approved and marketed.

One of the other things that specifically came out of a recent meeting we had with the pharmaceutical industry surrounding our efforts to try to do something about the disaster is happening with pregnant cocaine addicts and trying to think about how we could develop a treatment for this population.

One of the senior representatives of a pharmaceutical firm said to me, that cocaine babies were a tragic problem, but the idea that the pharmaceutical industry is going to get involved with medications to be given to pregnant drug addicts is just something that is not going to take place. They cannot afford the liability problems, and I think, quite honestly, you can appreciate their concerns. It is hard enough to do research on medications development in general, but complicating that with drug abuse, pregnancy, and AIDS is just too big a financial problem.

I would like to spend the last few minutes telling you something about some medications that may work and where we are with them and how we are going to develop them further.

I have already mentioned methadone. There is a medication available that is not largely known called naltrexone which we actually developed in conjunction with DuPont about 5 years ago. Naltrexone is a drug for the treatment of opiate addiction and what it does is basically blocks the effects of opiates. If you are on naltrexone, you cannot get high on heroin, except from an absolutely massive dose which no one is going to purchase on the streets. Someone who is a former opiate addict and is on naltrexone as part of their treatment and goes back into their community and is tempted to try heroin again will not get any effect from the drug.

The problem with this drug, and it is a problem that also comes up in the alcohol field with a medication called disulfiram, which

makes you sick if you drink alcohol, is that people do not want to take it. It is a problem of patient compliance. Patient compliance is a problem in medicine in general. With naltrexone you are asking a patient to take a medication that has no effect itself, but will not allow them to get "high" if they decide to take heroin. I think you see the problem.

One of the ways we are addressing this is we are developing a depot preparation of naltrexone. Depot is in effect like a Contact pill. It is a time released preparation which is injected and the patient can have naltrexone on board and effective in their system for a period of 30 to 60 days without any need to take any further medication. In others words they might come into the clinic and get a dose of naltrexone and be protected for 30–60 days, whether they like it or not. The depot will be going into full scale clinical trial in about a year and a half. There will be significant ethical issues involved in the use of the drug and I suspect as we get further and further into the AIDS epidemic and the question of the public health versus individual rights comes up more and more, we might be seeing it used in our drug centers as both voluntary and mandatory treatment, the latter in terms of condition of parole.

Another drug that we have been working on is, in the opiate area, is a drug called LAAM. LAAM is a long acting methadone-like medication and it has a—the significant advantage over methadone is that you cannot get high on LAAM and it blocks the effects of withdrawal. We will be preparing an NDA under contract for this medication.

In the area of cocaine, we are not quite so far along. One drug has been significantly tested, an anti-depressant, called desipramine, and it has been shown to be effective for some cocaine addicts. Desipramine has been successful in some patients and not so successful in others.

Desipramine has been useful for patients who basically have jobs, making $30,000 or $40,000 a year. They tend to have stable family lives, they tend to have a reason to live, they have a reason to stop taking drugs, they are motivated to stop taking drugs, and what the medication does is basically give them that little extra push they need to get off cocaine. That same drug on a crack user, on the ghetto child, is useless. It simply won't work. It is unfortunately, like a fly swatter on an elephant.

What we are focusing right now on are two new medications that have recently been studied, one called fulpenthixol and one called carbamazepine. These have been used on intravenous cocaine abusers and also crack smokers. These drugs are in the very earliest stages of development, by which we mean that they are in the so-called phase 1 and phase two studies in terms of FDA. The preliminary results look very promising in that anywhere from 30 to 70 percent of the patients who have taken these drugs have successfully stopped the use of crack, successfully given up intravenous cocaine addiction and seem to be doing well, and this is 8 or 9 months later after treatment.

The problem with these medications right now is that they have to be more fully studied in terms of what we call full scale clinical trials, so called double blind placebo control studies which the FDA requires. We are about to engage in those studies for both drugs

but it will take time. The classic drug development process takes anywheres from 3 to 5 years at best.

Senator NUNN. Are there ways to have shortcuts in this area? It looks to me like when you have got an epidemic on your hands that the FDA and everyone else involved ought to be willing to expedite the process consistent with safety.

Dr. SNYDER. Development with this is being expedited in two ways, maybe even three. The first would be based on the AIDS situation. Certain procedures have been developed to expedite the review of the research applications and the initiation of research studies and that is being implemented. The time actually has been cut in half, from 12 months to 6 months, 9 to 12 months to 6 months.

The other thing that we have that we have been working with the FDA in asking their advice and cooperation in speeding up the progress, and one of the things they have responded with is they have created a special unit to review the treatment drugs for drug addiction and there is a streamlined bureaucracy in that they have eliminated one level of administration. There are three review processes involved in drug approval and they have trimmed that down to basically two levels in this particular case and they tell us that they will work with us to expedite the review and approval process.

More importantly, however, is that if these drugs look promising in the early clinical trials, that is within the next year to year and a half, we have proposed to the FDA and they have in effect said they would work with us to get through what we call a treatment IND. Basically this is a compassionate approach where, when a medication looks promising, but before it actually gets approval, it can be distributed to a number of approved clinics. What we want to do, basically, is to establish anywhere from 50 to 100 clinics around the country that will be part of this program to get these drugs out as quickly as possible prior to approval. As I say, we have been working with the FDA on that and they have said that that is an entirely possible thing to work out.

Senator NUNN. Dr. Snyder, let me interrupt you one more time and I know your time is going to run out in a minute for you to catch your plane. We have heard in Macon and this may be something already well known, but it was not known to me, but we heard in Macon from a rural health doctor that it is not just IV use in heroin where you take the drug in your veins that is causing AIDS, he says that the cocaine and crack problem, combined with the method of selling sex in order to get enough money for that problem, combined with frequent sex, combined with ulcers on genitals, is causing AIDS now to be spread in rural Georgia. If I am—I hope I am correct in what I am saying, which is my understanding of the testimony, AIDS is not just being spread by heroin IV use, but also by crack and cocaine use. I understand he has cases of it that he can document. I do not know whether that is something new or you already knew about that.

Dr. SNYDER. I think this issue of the sexual behaviors, the high risk behavior has been known for some time and it is an issue that is being carefully examined. It is something that the CDC, I believe, has a great interest in evaluating. I do not know if the data

has been firmly established but there is a clear relationship between an increase in crack usage and an increase in venereal disease, and we heard somebody mention this morning the tremendous specific increase in syphilis.

Senator NUNN. Right.

Dr. SNYDER. I believe that the behavior that crack abuse engenders could lead to increased risk of exposure to the HIV/AIDS virus and other veneral infections.

Senator NUNN. If that is true and this is not being corrected, isn't that also going to mean that we are about to get into another whole dimension of AIDS beyond the homosexual activity, and beyond the IV activity, and beyond blood, that we are getting into a cocaine sexual pattern?

Dr. SNYDER. I think that this issue has already been raised and is being addressed within the Department and within the AIDS research treatment, and prevention community. The focus right now is shifting from the homosexual spread of the disease, which to a great degree appears to be coming under some significant amount of control to increased attention to the problem of drug abuse and AIDS, both from the aspect of the spread of the infection with shared needles, and also the spread of the infection through increased sexual activity and/or unsafe sex practices.

I remind myself that I spoke about this, maybe four years ago now, at a meeting we had in Washington concerning drug abuse and AIDS and homosexuality. I pointed out at that time that we had a very big concern about heroin addiction and AIDS. A great number of women who are heroin addicts are also prostitutes and the spread of AIDS to the heterosexual community through contacts with addicts and prostitutes is a significant danger and that danger is even greater today. It may just be a matter of time before that epidemic breaks out. AIDS is a disease with a long incubation period so that you do not always see a one to one relationship between behavior today and consequent infection and appearance of the disease five to seven years from now.

Senator NUNN. Let me yield to Senator Roth.

Dr. SNYDER. I thank you for the time and I have essentially finished my prepared statement.

Senator NUNN. Dr. Snyder, my staff is going to take you to the airport and they say you have to leave here by quarter 'til and usually when they take me somewhere in an emergency, I am 5 minutes late and so I am going to get you out of here at twenty 'til so we can give you that 5 minutes.

Dr. SNYDER. I am more nervous about that than you are. [Laughter.]

Senator ROTH. Dr. Snyder, let me start out by saying you have given me some cause for optimism just to hear that some progress is being made. I guess you have heard some of my questions earlier and I understand from listening to your testimony there is no magic bullet though.

I have two questions I would like to ask you. First of all, is there something to be learned from what we did in the situation of AIDS in the research area, where we put tremendous push behind it, and the same is true in cancer, can we—I do not want to appear to just throw money away if it is not going to do any good, but is there

something we can do to expedite this whole process, to get answers earlier, because as we all know, drugs are permeating our entire society and the situation has reached crisis proportion.

Dr. SNYDER. I think I should answer that in two ways. First, let me say that I am glad that I bring a message of hope to you and am very pleased to be a part of this effort, but I must re-emphasize the fact that what we are doing here involves the treatment of people who are already very ill. One must not lose sight of the fact that one of the major health problems we have in this country involves drug abuse in the minority population and that it is necessary to develop effective prevention and intervention strategie, so that people do not ever get to the stage where they are——

Senator ROTH. That is what I wanted to ask you, are we doing any research in that area, trying to find a miracle answer?

Dr. SNYDER. Well, you related the impression earlier about smoking and, I was sitting in the back, and I wanted to jump up and add something. We are trying to learn what happened with the cigarette smoking, and see whether or not that knowledge can be used effectively in drug treatment, in drug prevention, more importantly.

The anti-smoking effort has been a tremendously effective program and you only have to look around here. Ten or 15 years ago there would have been people smoking in this room and there would have been ash trays here and so forth and so on—that is gone, and there has developed an attitude of intolerance to public smoking and what we have to develop is an attitude of intolerance to drug abuse. We have to make it unacceptable for someone to come up to you at a party and even think of offering you a hit of coke, and that is a goal that we have. How to get there is the question. The way we did it with cigarette smoking was basically to develop a national consensus; the media people, schools, every industry in the country decided that it was unacceptable for people to smoke under many conditions and laws were changed, attitudes were changed and institutions to a large degree were changed. It is a simple act of saying that you cannot have ashtrays on the table, and no smoking in conference rooms and so on.

You know, the same thing has taken place to a large extent within the alcohol area. When was the last time somebody told you to "have one for the road?" I mean it would be totally unacceptable for anybody to say that. Now we do not quite know how we got to that stage but there are people looking at it and I can certainly assure you we are trying to understand how that can be repeated for drug abuse.

The caution I have in this area, we say that smoking has been dramatically reduced, is that it has been dramatically reduced largely for people who are well educated, who have good jobs, and good families, who have been able to stop. White middle-class males have been largely the beneficiaries. In female and minority populations, smoking behavior has not changed that dramatically. What we should be concerned about and worried about is that when we successfully change public attitudes, as we are today, I think, with cocaine, that the message is heard and heeded by all the members of the society. At the moment crack abuse appears to be declining in the more educated sectors of our society but maybe

an increasing in young black and Hispanic kids. The unfortunate history of epidemics in drug abuse in this country and others is that they seem to run this particular course where a drug is introduced into the society by the elite, and then it comes into more widespread use and the dangers become apparent. The elite and educated drop the drug and what is left unfortunately is that the remnant that stays is the hard core, those people who have no other hope and have no other avenue of escape continue to use the drug. And so, I think, we have a fairly successful prevention program going on right now for cocaine abuse, but I am concerned that it is only getting to a small part of the population.

Senator ROTH. Time is running out. I have a lot more questions but I will yield to you, Mr. Chairman.

Senator NUNN. Well, we will be able to get Dr. Snyder to come and help us again in Washington and we appreciate, Dr. Snyder, your being here. We know you sat here for a long time and we feel that your testimony does give us a little seed of hope. We do not take it as a promise of magical answers, but I believe we ought to make sure that you have the funding necessary to do every bit of research, and I would also urge you wherever you think shortcuts can be taken, to state them. We need to shortcut the process of getting drugs, not drugs, but medication out there to treat this affliction we have in society, and I hope you will not hesitate, you and your counterparts, to ask for legislative relief if there are more costs in getting this job done without bureaucratic entanglements.

Dr. SNYDER. I thank you and the Senator from Delaware for your support.

Senator NUNN. Thank you very much. We will conclude the hearings now and we appreciate all of the people being here, the witnesses, and also the evidence, and we will be making a report from this Subcommittee to Director Bennett from the record of the recommendations of the witnesses. Thank you very much.

[Whereupon, at 12:35 p.m., the Subcommittee adjourned subject to the call of the Chair.]

APPENDIX

Syphilis, Crack and AIDS
Rural Georgia's New Epidemic

Southeast Health Unit
1101 Church Street
Waycross, Georgia 31501

Ted Holloway, M.D.
District Health Director

COUNTIES

APPLING	COFFEE
ATKINSON	EVANS
BACON	JEFF DAVIS
BRANTLEY	PIERCE
BULLOCH	TATTNALL
CANDLER	TOOMBS
CHARLTON	WARE
CLINCH	WAYNE

Syphilis, Crack and AIDS
Rural Georgia's New Epidemic

Long assumed to be an urban problem, crack cocaine has invaded the rural area of southeast Georgia with a vengeance. In the past four years, drug related offenses by juveniles have increased 80%. Child abuse and neglect, secondary to crack addicted parents, have become common. The State supported Alcohol and Drug Treatment Centers in Waycross and Statesboro have been overwhelmed with young males and females addicted to crack. Five years ago three-fourths of the clients treated at the Center were middle-aged people with a 10 to 15 year history of alcohol abuse; now, three-fourths are 17 to 30 year olds using crack and other drugs. A syphilis epidemic, unprecedented since the introduction of penicillin, has exploded in rural southeast Georgia because of crack. In fiscal year 1985 there were only 47 new cases of syphilis in the 16 counties of the Southeast Health Unit. By fiscal year 1988, this number had increased over 800% to 354 cases. A dramatic increase in "cocaine babies" has been noted throughout our region.

In March of 1989 we had 58 cases of syphilis reported in the Southeast Health Unit. That exceeds the number of cases we had the whole year in 1984! Most of the people with syphilis report involvement with crack. It is not unusual to find that these individuals have over 30 to 40 sexual contacts. Trading sex for drugs and having multiple (often anonymous) partners is common among people using crack. Drug dealers target young females in marketing their drugs. Once the young woman is addicted, she becomes either a dealer or prostitute to support her habit. Some of these individuals are also HIV positive. The combination of genital ulcers and sex with many individuals are the ingredients needed for the AIDS epidemic. The fight against AIDS, therefore, must include an all out assault against crack, syphilis and other sexually transmitted diseases.

The amount of cocaine imported into the United States has increased from 31 tons annually in the early 1980's to over 100 tons in 1988. Our area has experienced the devastation of this epidemic perhaps earlier than other parts of the State. Our proximity to Florida, the coast, I-95: all have contributed to this. Our criminal justice system has been especially affected by this problem. Narcotics experts with the local Drug Task Force relate that crack was introduced into Waycross, for example, long before police in northern

parts of the State saw it in their cities. Crack, they say, was first available on the streets in 1984 and had become a significant problem by 1986. Health data, specifically our syphilis epidemic, corroborate this phenomenon. Syphilis rates in this part of the State began to rise in 1986, a full year before similar increases were noted in parts of northern and western Georgia.

The triad of syphilis, crack and AIDS is posing a significant threat to the fabric of our community. Studies are currently underway in Waycross and Brunswick to determine the prevalence of crack use and HIV seropositivity among our syphilis patients and prenatal population. Our medical community estimates that as many as 5 to 10% of our prenatals are using crack. Surveys done in late 1988 in Georgia confirm that 2 out of every 1,000 live births are to HIV positive women. In some areas, the rate already is twice that figure! Testing in Georgia prisons show that 3 1/2% of all new prisoners are HIV positive. By the end of 1991 we will have over 7,000 cases of AIDS in Georgia and perhaps more than 100,000 people infected with the virus! Substance abuse during pregnancy has long been recognized as a major public health problem. A study done in 1984 with our WIC prenatals revealed that 44.4% reported alcohol use and 39.6% reported smoking prior to becoming pregnant. Ten percent of the prenatals self-reported that they continued drinking after becoming aware that they were pregnant (30.7% continued to smoke). All participants underwent extensive prenatal education and knew the dangers of smoking and drinking. Since this study was based solely upon interviews with the clients, we assume that the actual percentage who continued to drink was higher than this. These studies were conducted before crack was a problem in our area. We are also beginning to get reports from doctors in our area that there is an alarming increase in human papilloma virus infections in women. The prevalence of other sexually transmitted infections such as chlamydia and herpes need to be studied also.

The number of infants who weighed less than 500 grams at birth greatly increased in 1988. We attribute some of this increase to the use of crack. Infants of women who used crack during their prenatal period tend to have lower birth weights and smaller head circumferences. Sudden Infant Death Syndrome is 10 times more likely in cocaine babies. Early in the pregnancy, there is an increased risk of spontaneous abortion and later the risks of abruptio placentae and premature delivery are increased.

Unfortunately, crack has disproportionately affected our Black community. Over 90% of our tenfold rise in syphilis has occurred in Blacks, who represent only 28% of our population. More syphilis cases have been reported in Black women than in Black men. Thirty two percent of our Black infants are born to teenage mothers and 65% of all Black births in the Southeast Health Unit occur to single mothers. It is inevitable, if these trends continue, that the Black community will bear an inordinate burden with HIV infected infants, neonatal syphilis and babies affected by neuro-physiological problems secondary to crack. We must empower the Black community to become full partners in developing culturally appropriate intervention strategies during the 90's, if we are to avoid a deeper schism in our society.

Special emphasis must be placed on improving availability and accessibility of substance abuse services for adolescents. The 14 year old pregnant girl with syphilis, on crack, and in trouble with the law is all too common. Our Regional Youth Development Centers report a sixty percent increase in admissions of substance abusers over the past four years. The Georgia Bureau of Investigation reports that juvenile arrests for alcohol and/or drug related offenses have almost doubled since 1984 (from 2,795 to 5,349). The National Institute of Drug Abuse estimated that 12% of the 1988 high school seniors in the United States have used cocaine. Alcohol use was reported by over 92% of the seniors and 35% reported that they had 5 or more drinks in a row within the 2 weeks preceding the survey. Georgia's Division of Mental Health, Mental Retardation and Substance Abuse estimates that 70,000 to 80,000 high school juniors and seniors are using alcohol and drugs on a "very frequent" basis and that 5,000 to 8,000 are daily users. These figures do not include any data on the 30% of Georgia's children who drop out of school. Obviously, substance abuse among youth who drop out is higher than those who stay in school. Student assistance, early intervention and prevention programs for school children and dropouts are needed in every county.

There is a great need for expanding services for people with substance abuse problems. In a very short time our patient population has changed from largely middle aged White males with alcohol abuse as their primary drug to young male and females, Black and White, who use crack and other drugs. Our programs will have to radically change treatment approaches to deal with these major shifts. In the past, we have not been very successful in combating the drug and alcohol

problems of the Black community. Crack has impacted low income areas especially hard. Programs are needed to help mobilize and empower residents of housing projects and other areas that have become major centers of the drug trade. Minority community-based organizations need to be nurtured and developed to provide culturally acceptable services and educational messages to their communities regarding crack, sexually transmitted diseases and AIDS. In some communities up to 10% of prenatal patients may be using crack. Half of the infants in Grady Hospital's Neonatal Intensive Care Unit are "snow babies". Inpatient services for addicted pregnant women, however, are difficult to find. Some sort of supervised residential programs may be needed to let women live in a drug free environment during their pregnancy. If we hope to keep people from going back to dealing as a way of life, literacy and job skills will need to become a part of treatment. Something must be done to increase job opportunities for Black men and women.

Appropriate "detox" regimens for crack must be defined. The whole range of inpatient, day treatment and sustained recovery services may have to be altered. We must move quickly in the 90's to develop a public system which can be responsive to this new era of substance abuse. Research is needed to identify the neurochemical mechanisms of crack cocaine addiction. Information about the most effective treatment programs must be shared with all public and private agencies involved with addiction. Training for Substance Abuse professionals is a critical need. Unfortunately, the devastation caused by alcohol can be forced out of the limelight by the crack phenomenon. We must not lose sight of this ubiquitous problem or the gains we have made during the 80's could be lost.

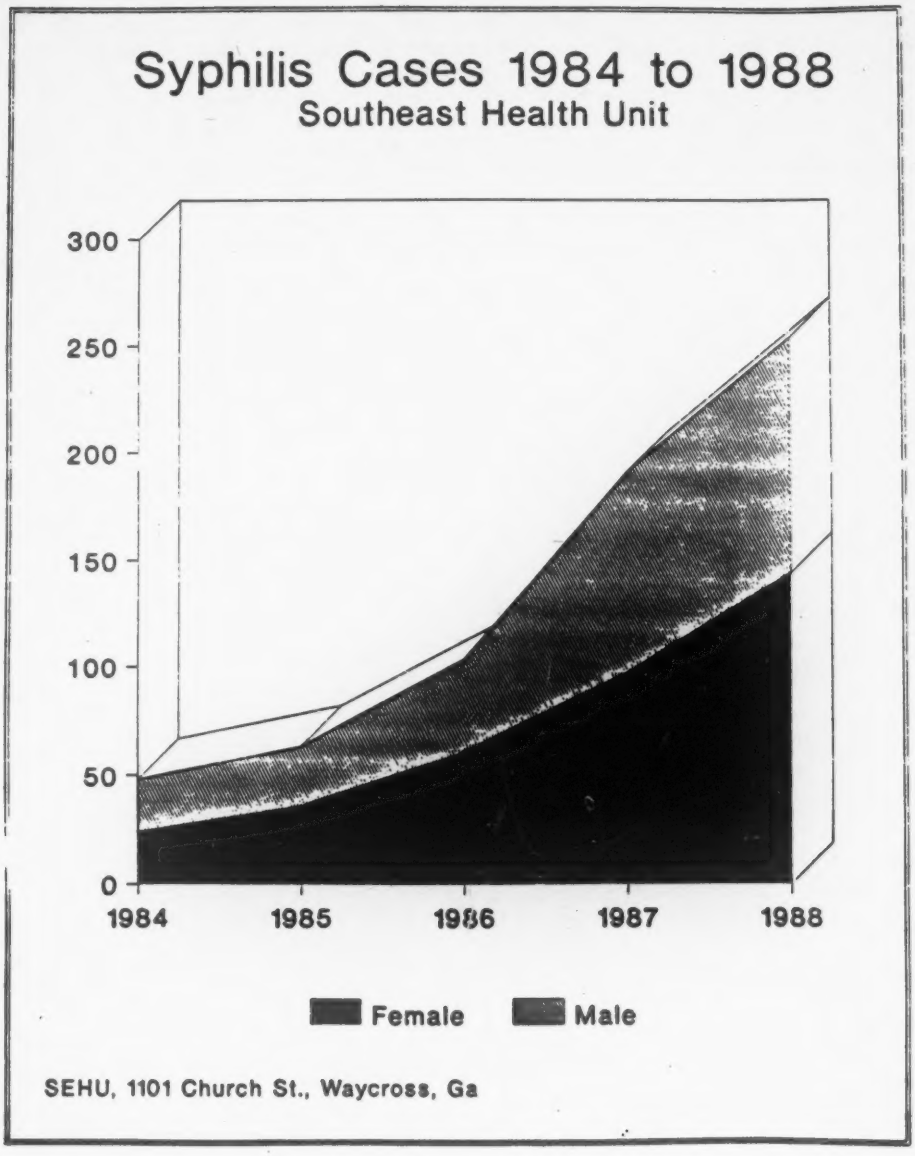
Conclusion

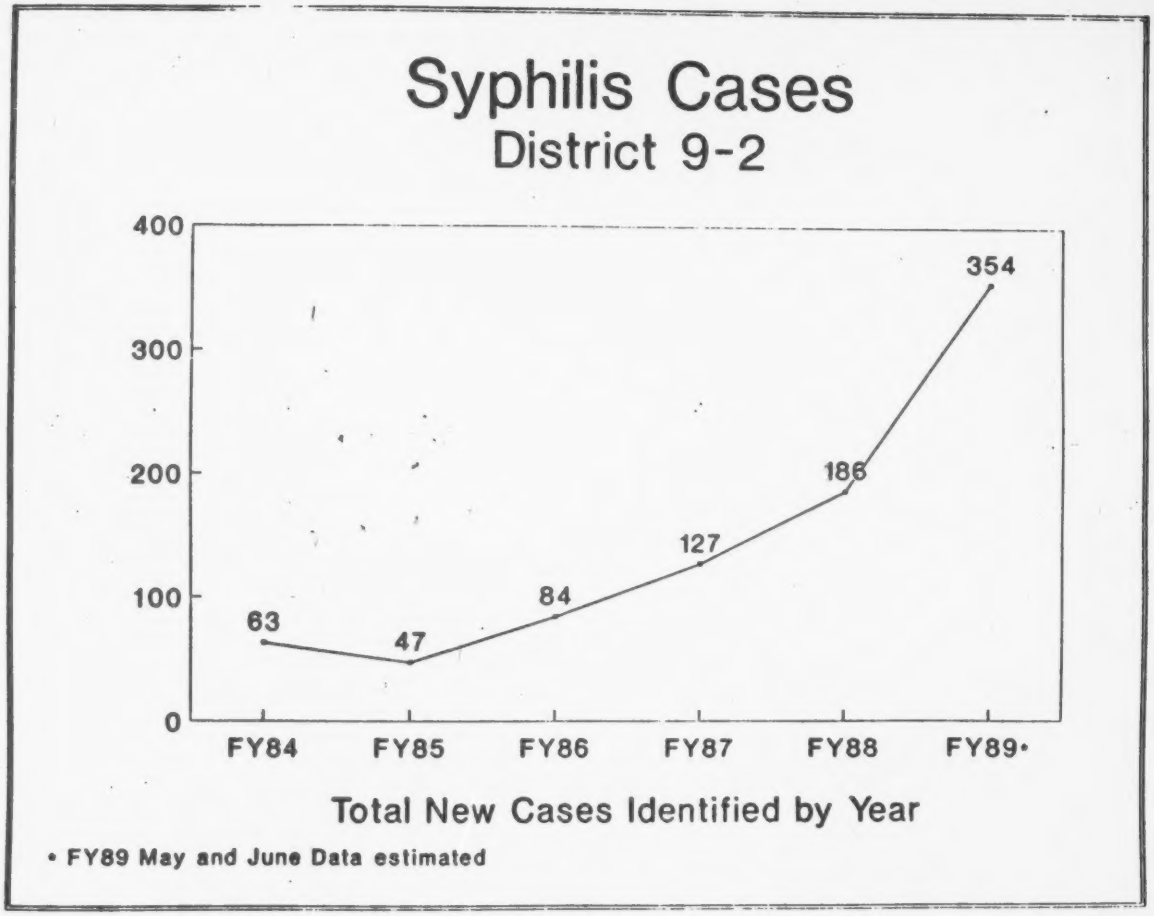
We must learn all we can about these three inextricably linked problems, syphilis, crack and AIDS, if we are to be successful in dealing with these new threats to society. The victims of this triad are our friends, neighbors, and children. Crack use is expanding in all segments of our community, especially among those from 18 to 30 years of age. It is said that the desire to use crack is so powerful that many people are "hooked" after just trying it one time. Would you have been one of the unlucky ones to try crack, just one time, if it had been around when you were young?

What can we do to keep our kids from starting to use drugs? How can we best treat those already addicted? Can we stop the explosion of sexually transmitted infections spawned by crack? Will "sex for drugs" and the promiscuity of crack users hasten the spread of the HIV virus and thus usher in a third wave of the AIDS epidemic? What will be the response of the community? Can we afford to allocate the necessary federal, state, county, city, and private resources to meet this challenge? Can we afford not to? Racism, poverty, homelessness, alienation from society, unemployment and hopelessness are all factors in our drug problem. The War on Drugs must be fought on many fronts. There are no easy answers. We must mobilize the conscience of our Nation for the fight. This is a War that we cannot afford to lose.

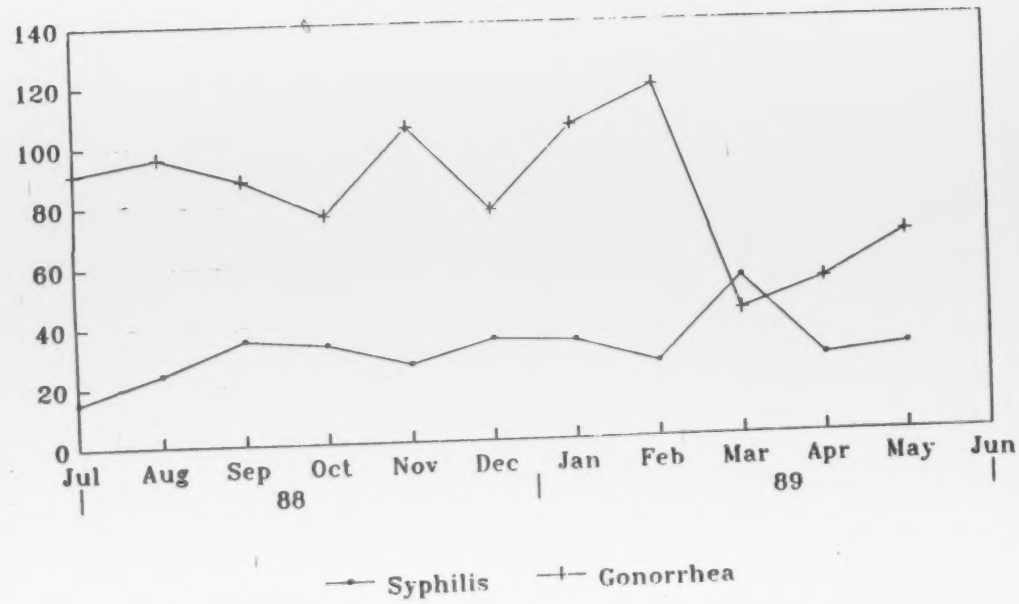
Ted Holloway, M.D.
District Health Director
Southeast Health Unit
1101 Church Street
Waycross, Georgia 31501

22-536 0 - 89 - 6

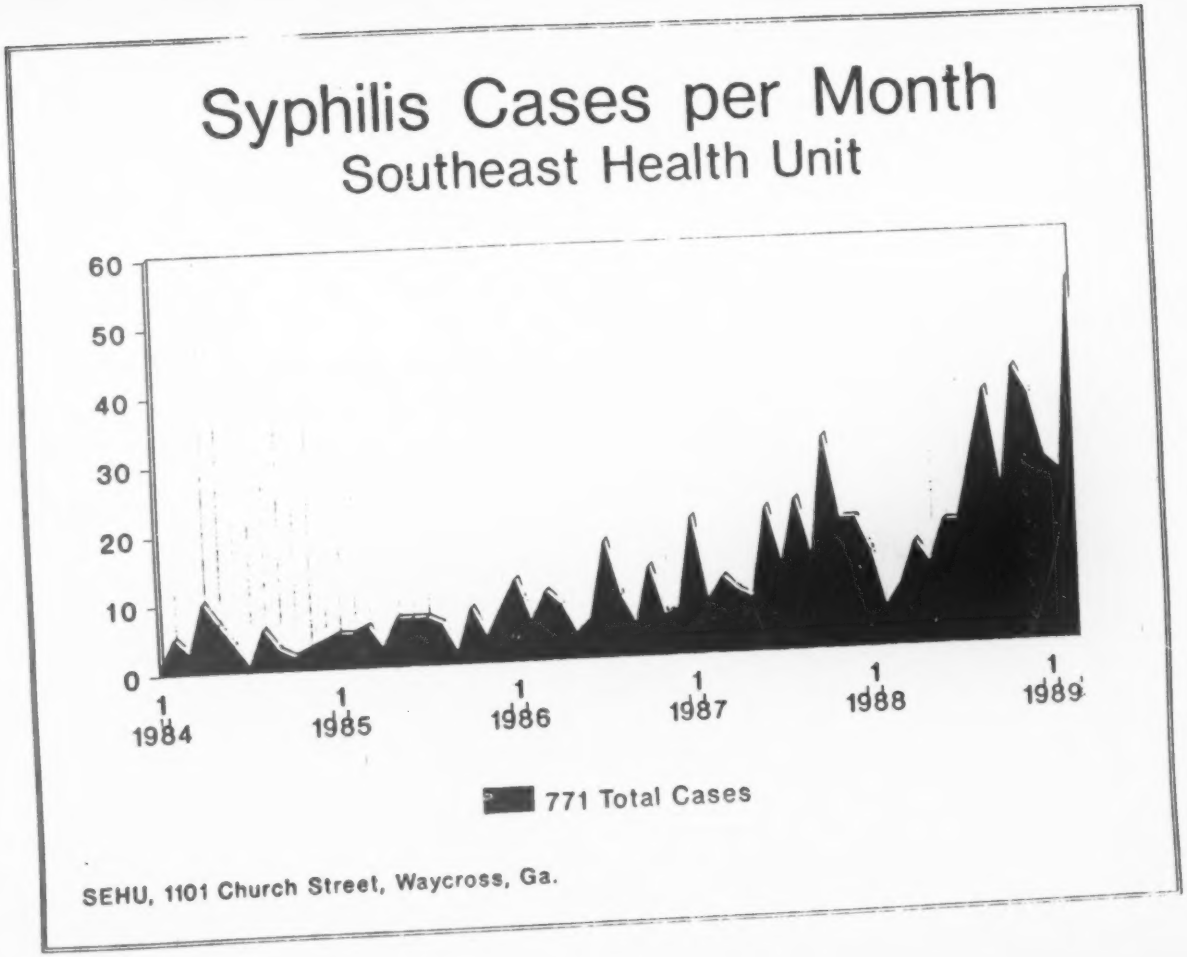

Syphilis Cases 1984 to 1988
Southeast Health Unit
300
250
200
150
100
50
0
1984
1985
1986
1987
1988
Female
Male
SEHU, 1101 Church St., Waycross, Ga


Syphilis Cases
District 9-2
400
300
200
100
0
63
47
84
127
186
354
FY84
FY85
FY86
FY87
FY88
FY89•
Total New Cases Identified by Year
• FY89 May and June Data estimated

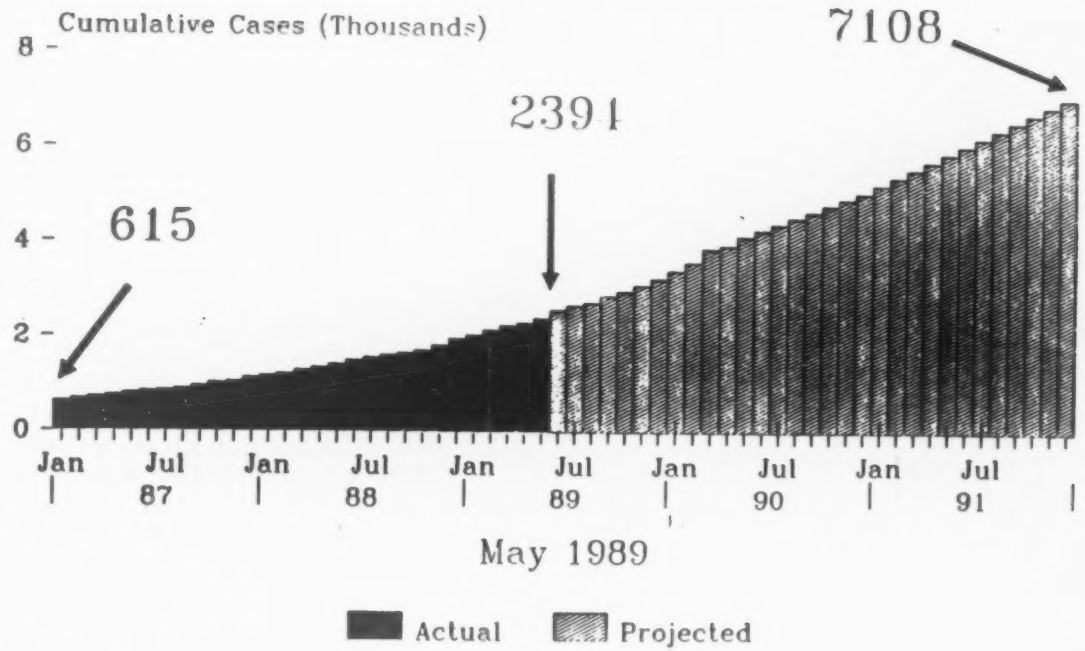
Syphilis and Gonorrhea Case
Southeast Health Unit



Reported Cases by Month for FY 89


Syphilis Cases per Month
Southeast Health Unit
60
50
40
30
20
10
0
1 1984
1 1985
1 1986
1 1987
1 1988
1 1989
771 Total Cases
SEHU, 1101 Church Street, Waycross, Ga.

AIDS
5 Years in Georgia



Projections of Office of Epidemiology

REPORTED CASES OF AIDS BY DISTRICT

HIV TEST RESULTS
NEWBORN INFANTS
August - December, 1988
GEORGIA

Health District	Number Positive	Total	Percent Positive
1-1	2	1,613	0.12
1-2	0	1,069	
2-0	0	1,098	
3-1	3	2,392	0.13
3-2	12	3,774	0.32
3-3	0	801	
3-4	2	2,398	0.08
3-5	4	2,205	0.18
4-0	3	1,936	0.15
5-1	1	498	0.20
5-2	5	1,785	0.28
6-0	5	2,038	0.25
7-0	6	1,868	0.32
8-1	1	977	0.10
8-2	6	1,497	0.40
9-1	1	1,219	0.08
9-2	4	1,242	0.32
9-3	1	1,026	0.10
10-0	0	1,151	
UNK	0	120	
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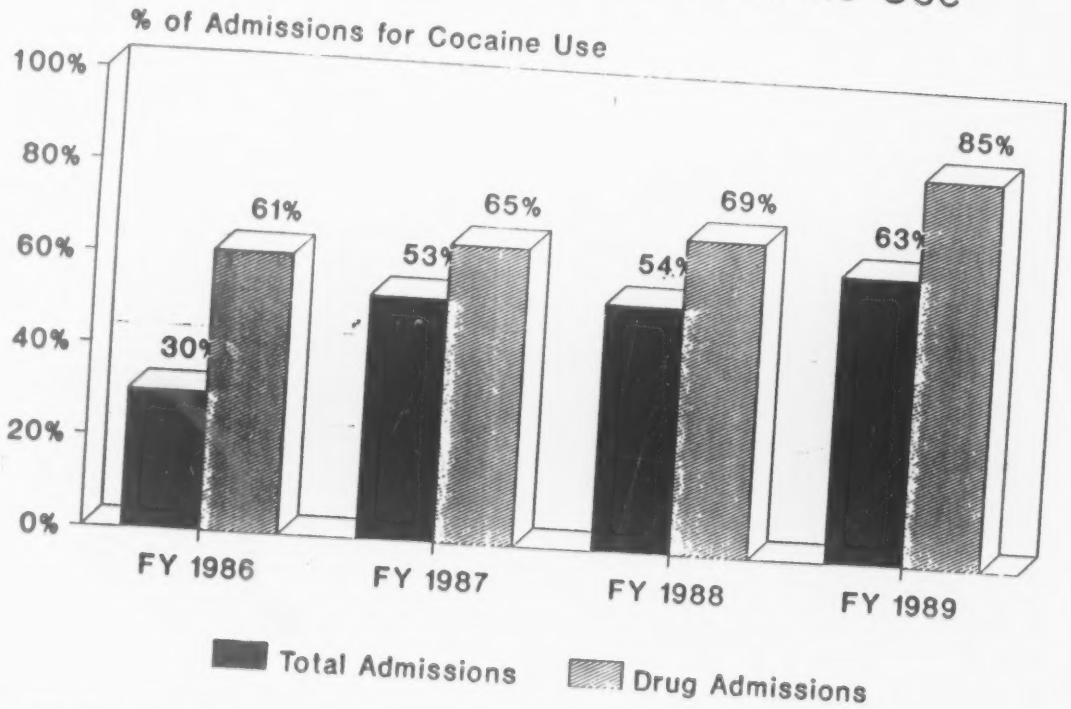
Total	56	30,707	0.18

Pineland Substance Abuse Programs
% of Admissions for Cocaine Use



SEHU, 1101 Church Street, Waycross, Ga.

CRAIG S. LICHTENWALNER, M.D., M.P.H.
District Health Director

TED C. HEFNER
Area Director

AMERICUS AREA
MENTAL HEALTH, MENTAL RETARDATION & SUBSTANCE ABUSE PROGRAM

415 W. Forsyth St, P.O. Box 1223/Americus, Georgia 31709-1223
Area Code (912) 928-1235
GIST 345-1235

Substance Abuse Needs and Services
in
Eight Counties in West Central Georgia

Presented
by
Ted C. Hefner
Area Program Director
Americus Area MH/MR/SA Program

The Americus Area Mental Health, Mental Retardation and Substance Abuse Program is responsible for delivering substance abuse services in eight counties (Crisp, Dooly, Macon, Marion, Schley, Sumter, Taylor, Webster) for approximately 100,000 citizens in some 2,500 square miles. Indeed, there are no other substance abuse services available in these counties. Further, the low incomes of residents make access to private providers located elsewhere difficult or impossible.

Services for the eight counties are headquartered in Americus with part-time clinics in the outlying counties. Services include:

1. Ten bed sub-acute detoxification unit.
2. Two intensive day treatment programs.
3. Two DUI clinics.
4. Out-patient services (including individual, group and family counseling).
5. A 20 bed long-term residential program (to serve 28 counties).

To provide access to these services for all residents in the eight counties, clients are transported as much as 100 miles a day, five days a week. The detoxification program admits 700 to 800 persons a year while out-patient provides services to over 1,000 persons annually. All programs have minimum staff with a total of 42 full-time equivalents. This results in caseloads of 80 or 90 for each out-patient counselor and shifts in the detox unit with only one nurse on duty.

Given the above overview of the services in the eight county catchment area, more detailed descriptions of services and needs are summarized under headings of "Prevention," "Early Intervention" and "Treatment."

(2)

Prevention.

Prevention activities have focused on children and adolescents, providing information in an effort to shape values, beliefs and behavior. In the absence of an effective prevention program, we must wait for young people to develop a problem serious enough to warrant intervention and treatment.

Our area program has no funds designated for prevention. Those prevention activities that are performed are delivered as an adjunct duty for staff with other responsibilities. Such limited activities involve:

*community forums and education meetings
*poster campaigns in schools
*education programs for adults (teachers, law enforcement, parents).

Without significant improvement in funding for new staff, transportation and supplies, we will continue to do a less than adequate job in this most important task. In conversations with parents of young people involved in substance abuse problems, I have discovered most detected this abuse some five or six years after it started. For the most part, these young people started chemical abuse when they were 11 or 12 years of age.

However beneficial additional funding, it is not the sole answer. It is essential that educational institutions change their approach to substance abuse. The majority of schools take the stand that students do not use or abuse substances during school hours or on school property; therefore, this is not a school responsibility. First, discussions with many young substance abusers do not support this stand. These young people tell me that they used frequently in and around schools. However, even if this were not the case, schools must, as members of our communities, accept responsibility for combating substance abuse. The change must start with educational leaders in Washington.

Early Intervention.

In the absence of effective prevention, we hope we may intervene in the use, abuse and addiction process early before more serious problems develop. Such early intervention depends on

*early detection which requires education of parents, teachers, law enforcement, youth services and the medical community
*intervention systems in each school which confront and refer the young user
*intervention programs designed to educate and assist young users and their parents.

Our program has no funds, staff or other resources dedicated to early intervention. What is done in this area is adjunct to other primary duties. Over and over, I and my staff encounter young users who are not appropriate for serious and intensive treatment but who, if something is not done, soon will be. My staff must make difficult decisions in these cases. With a limited amount of time and energy, should they help the young early-stage user to prevent progression to more serious stages or should they work with advanced-stage users to save their lives?

(3)

Additional resources in early intervention activities are essential to prevent all the problems associated with more advanced use, abuse and addiction. Funds should be provided and designated as "staffing grants" for early intervention activities for community programs.

Treatment.

At the present time, our community substance abuse program is in a holding action. The number of admissions for drug use has increased over the past three years by 200 percent, while the number of alcohol admissions steadily increases over the years at a somewhat lower rate. The entire increase in drug admissions is accounted for by cocaine and crack abuse among people under 29 years of age. And, it is not merely numbers that create our problems. The age group in which this increase is taking place is a very difficult age to work with. Our success rate with young cocaine users is poor. Whether this is a function of youth or the drug is yet to be determined. Thus, treatment of this population is staff-intensive requiring small staff-to-client ratios.

It is obvious to all interested parties that our criminal justice system is overloaded. Probation workers in our counties often have caseloads of two or three hundred as judges respond to increases in arrests and crowded jails and prisons. As some 70 to 80 percent of these probationers were involved in abuse of one or more substances, probation turns to treatment programs for help. Nearly 45 percent of our total admissions are sent to us by some agent of the criminal justice system. With caseloads for our counselors of 80 or 90, we are unable to respond to this need adequately. In the past month, the local chief parole officer requested that we designate a counselor who would work solely with parolees. Of course, as great as this need is, we do not have the staff.

We are doing all that can be done with what we have at this time. Many, many are doing without treatment because we do not have beds, staff or resources to provide help.

Summary.

In the most necessary area of prevention, we are doing very little, as we must put our resources in the more immediate problems of treatment. Schools are not involved to the extent they should, as they deny any responsibility for substance abuse. We know what to do, and we know how to do it. We need the resources to go to work.

Services in early intervention are inadequate, as we lack resources for this work. Young people abusing substances go undetected for years until they are seriously involved. Much is known about early intervention strategies. We need resources to do them.

Finally, although most of our services are directed to treatment, the numbers are overwhelming existing resources. Overcrowding in jails and prisons, high caseloads in parole and probation and the increase in persons using have resulted in many not being served. Again, we have long experience in treatment and know what to do. What is needed are the resources to do what we know how to do.

STATEMENT OF LOUIE L. HARGROVE
BEFORE THE UNITED STATES SENATE
PERMANENT SUBCOMMITTEE ON INVESTIGATIONS
MACON, GEORGIA
JUNE 26, 1989

My name is Louie Hargrove. I'm a recovering addict. I was born in Macon, Georgia; in 1949 to Henry and Ruth Benny Walker Hargrove. I have two sisters and only two of my six brothers remain alive today.

My father and mother were born and raised in Eatonton, Georgia, and they moved to Macon as young adults. My father worked as the cotton mill and my mother was a house maid.

My father was a weekend drunk, an alcoholic. I remember he used to keep seven to eight gallons of moonshine at a time, and how he used to hide it from the police, and how my brother and I watched him hide it. Sometimes, we would steal a gallon and drink it.

My brothers and I had a lot of friends when we were growing up and after we all drank the moonshine, we would fill the jugs up with water or mix water with the other gallons of moonshine so my father would not find out. He never said anything about it to us.

I was about ten years old at the time. We lived in a community known as Pleasant Hill. Across the street was a playground supervised by an elderly lady named Mrs. Mattle. She was about seventy then, and didn't take no attitude from any kids at the playground. When we would be bad, she would tell us, "You're gonna die with your shoes on!" We took her seriously and from then on we tried to be good around her. Over the years, she supervised around four or five hundred kids. She's gone now. Today, the Mattle Hubbard Playground and Pleasant Hill is a historic community, and I still live there today.

I got my first Marijuana from a friend of my older brother. He had been to New York and came back trying to be slick and smoking reefer and cocaine. I went on into my teens smoking reefer and cocaine, drinking beer, vodka, and gin; and all that within a day. I'm just lucky I ain't dead or didn't kill someone.

So it led me in and out of jail all through my teens and twenties, and most of my thirties. I had earned the reputation of being crazy in my early teens.

I am very fortunate that I didn't kill someone or get killed in my addiction. My family gave me a lot of support and love, and kept at me to seek professional help. The last day I used was March 5, 1986. Thank God today I am still clean and I have not

used any mind or mood changing chemicals. I have been in abstinence for over three years. A day at a time, but I had to get education on the disease of addiction. I had to let go of all that fear I had about facing life. Today, life is beautiful. I just don't use any drugs and try to work the 12 steps of recovery on a daily basis. I must remember that when I am using, I am powerless over my addiction and that my life is unmanageable. A power greater than myself can restore me to recover from my disease.

Being clean for over two years got me the job that I have now, working with the Macon-Bibb County Health Department, STARR AIDS Street Team. I have a great partner, Dianne. I love her to death, but sometimes she strikes a nerve. They were looking for a recovering addict to do this so Emory, my supervisor, who is super, picked me out of a lot of clean addicts that he had to choose from. I am grateful for that. What we try and do is talk to I.V. drug users, to educate them on the disease of addiction, and tell them to please stop using dope. Many do not stop, so we tell them to clean their works with bleach. That will kill the virus. We want them to stop. We did it, so can they!

I think the criminal justice system can do something to stop addiction. They need to hire some recovering addicts as counselors. They need to start educating the people in jail. The people in jail need to know that there is hope and that someone cares. They need to have the 12 steps of recovery program in the prisons. The prisons would be dealing with people, offering help. That may cut crime rates a lot. Prisoners, by having a recovering addict speak and counsel them, would listen. They need to know where to go and what to do when they get out, so they can become productive members of society.

Thank you. God bless us all.

Testimony of Judge Romae T. Powell
Before United States Senate Permanent
Sub-Commitee Investigating Drugs

Atlanta, Georgia
June 28, 1989

Judge Romae T. Powell
Judge, Juvenile Court of Fulton County
445 Capital Avenue, S. W.
Atlanta, Georgia 30312
also President of National Council of Juvenile and
Family Court Judges
(404) 730-1128

Statement of Judge Romae T. Powell
Fulton County Juvenile Court
Atlanta, Georgia

For the United States to continue to be a world leader, we must find solutions to our escalated drug problem which has now reached epidemic proportions. Drugs are found in all segments of our society all economic levels and all races, colors or creeds and all age groups.

In 1986, the National Council of Juvenile and Family Court Judges surveyed its members in all 50 states and we found that Judges across the nation estimated that substance abuse was a significant factor in 60 to 90% of all cases referred to them in their courts.

In discussing this issue with many of the Judges in the Court of General Jurisdiction in Fulton County, it was estimated that 50% of their criminal calendar involves cases where drug offenses are specifically charged -- and of the remaining 50% of cases, 35 to 40% have drug involvement as a factor in the commission of the criminal offense. These offenses include burglary, armed robbery, murder, aggravated assault, aggravated battery, motor vehicle theft, and numerous weapons offenses.

The Juvenile Court of Fulton County has experienced similar drug involvement in cases appearing in our court. In 1986, there were 114 drug offenses referred to our court, in 1988, 456 drug offenses, an increase of 122%. For the first five months of this year, 1989, 397 drug offenses have already been referred to our

court. This includes drug possession, drug sale, and drug trafficking. During this same period, drugs were involved in the increase of homicides and violent bodily offenses from 774 offenses in 1986 to 1203 in 1988. For the first five months of this year, 8 homicides and 195 violent bodily offenses have been referred. The drug culture does not operate without transportation and weapons to carry out the drug scheme. As a result, and in furtherance of the drug involvement, motor vehicle thefts and weapons offenses have increased from 347 to 581 motor vehicle thefts in 1986 and 1988; and 158 to 518 weapons offenses in 1986 and 1988.

It is very necessary that we focus on the drug involvement of our children and youth. Adults have entered into partnerships in the drug culture with our children baiting them and tempting them to become involved because of large sums of money and flashy cars, clothes and jewelry. These baits and temptations have caused children to drop out of school to indulge in the drug trade and to lose all perspective of becoming a respectable, law abiding citizen in our community.

One disturbing case which occurred in Fulton County illustrates this point very vividly. A 15 year old boy was hired by a 19 year old drug supplier to kill a 17 year old drug dealer for failure to pay for the drugs supplied. This 17 year old drug dealer was in the hospital recuperating from a gunshot wound he

received over the same debt. The 15 year old youth had very coldly and deliberately stalked out the hospital, luring the victim to an isolated spot and shooting him in the face to kill him. The contract price was $2000.00 -- Can you imagine $2000.00 is all a human life is worth in the drug culture? The 15 year old has avowed that he will fulfill the contract when he has the chance.

Our probation case loads have increased from an average of 40 cases per probation officer to 80 plus cases per probation officer. Lack of funding and frozen positions prohibit the hiring of any other probation officers so that effective probation services can be provided.

On even a sadder note, the drug problem causes us to hear cases where babies are born being addicted to cocaine, crack and other drugs. Some cases we hear involve babies who are born with many physical abnormalities and disfigurations. Parents are physically, sexually and emotionally abusing their children because of drug usage. Money allocated for food, housing and clothing is being denied children in exchange for drugs. Children are not sent to school by parents, are allowed to run rampant in the streets unsupervised and are abandoned by parents because of parental involvement with drug usage. These types of cases bring parents into court because the child is being deprived of the ability to grow up in a healthy and wholesome environment. The responsibility of parents for the upbringing of children is taken over by drugs. Our cases in court in these categories have increased from 969

cases in 1986 to 1459 cases in 1988. For the first five months this year, 392 deprived cases have been referred to our court.

Our challenge is to eliminate the monetary profit from drug involvement. Money is a motivating factor in dealing and trafficking in drugs. The economic principle of supply and demand needs to be invoked.

Intense preventive programs, designed to educate our children, most specifically, and the public in general, to the hazards of the use of drugs on their minds and bodies and to caution them about the worthlessness of life in the drug culture, can help to reduce the demand for drugs. If there is no market, no users, no takers, the profit motive and aspect of drugs is diluted and can eventually be decreased and/or eliminated.

Interdiction, stopping drugs at its source, of coming into our country and from synthetic drugs being manufactured, will decrease the supply.

Stiffer sanctions for drug violators and weapons possession and usage can eliminate the violence associated with drugs. Most of all, public and citizenry committed and dedicated to eliminating drugs in our society, by all costs and all means, is required.

We cannot afford to lose a whole generation of our children to the drug culture, we cannot afford to lose our leadership position in the world to drugs. Let us act now, with all efforts to preserve these.

STATEMENT OF DAVID C. EVANS, COMMISSIONER, GEORGIA DEPARTMENT OF CORRECTIONS FORMAL FIELD HEARING BEFORE SENATOR SAM NUNN, JUNE 28, 1989

SENATOR, IT IS INDEED AN HONOR TO APPEAR BEFORE YOUR COMMITTEE AND ADDRESS AN ISSUE THAT DAILY CAUSES ME MAJOR PROBLEMS AND CONCERN.

I'VE BEEN COMMISSIONER OF GEORGIA'S PRISON SYSTEM FOR 13 YEARS, AND THE RATE OF INCARCERATION DURING THE PAST FIVE YEARS HAS BEEN SOMETHING THAT NO ONE, **NO ONE**, COULD HAVE ANTICIPATED. NEITHER COULD WE HAVE PREDICTED FIVE YEARS AGO THE RAVAGING EFFECTS OF COCAINE, AND ESPECIALLY CRACK COCAINE, ON SOCIETY TODAY. NOW I UNDERSTAND THAT CRACK HEROIN IS ON ITS WAY TO GEORGIA. THIS ONLY WORSENS AN ALREADY DEADLY SITUATION.

GEORGIA INCARCERATES OVER 22,000 INMATES, AND CONSERVATIVE ESTIMATES SHOW NOTHING BUT A SPIRALING TREND. A MERE THREE YEAR PROJECTION SHOWS US GOING OVER THE 30,000 MARK.

THE MAJOR ISSUE WE ARE HERE TO DISCUSS TODAY LIES AT THE CENTER OF THIS EVER-EXPANDING INCREASE.

OUR ESTIMATES ARE THAT 80% OF THE INMATE POPULATION ARE DRUG OR ALCOHOL ABUSERS, EVEN THOUGH THEY MAY NOT HAVE BEEN CHARGED WITH DRUG OR ALCOHOL VIOLATIONS AT THE TIME OF THEIR ARREST.

TO GIVE YOU AN EXAMPLE, IN 1978, 19% OF OUR INMATE POPULATION REPORTED HAVING DRUG PROBLEMS. LAST YEAR, 1988, WITH 8,000 MORE INMATES THAN IN 1978, 52% REPORTED HAVING DRUG PROBLEMS.

SIMILAR COMPARISONS FOR ALCOHOL RELATED PROBLEMS SHOW AN INCREASE FROM 14% TO 40%.

NATIONWIDE, IN 1986, OF THE 444,000 INMATES IN PRISON 43% REPORTED DAILY DRUG USAGE DURING THE MONTH OF THE OFFENSE (U.S. DEPARTMENT OF JUSTICE, "CORRECTIONAL POPULATION ...1986", P. 39). THAT'S FRIGHTENING.

THE COST OF COMBATTING THIS TREND IS EVEN MORE HORRIFYING, BOTH IN HUMAN TERMS AND IN DOLLARS AND CENTS.

PRESIDENT BUSH HAS JUST RECENTLY RECOMMENDED OVER 1 BILLION DOLLARS IN FEDERAL PRISON CONSTRUCTION FUNDS.

THAT'S GOOD. THAT'S A PORTION OF THE SOLUTION.

BUT INMATES WITHIN THE FEDERAL SYSTEM ARE NOT REPRESENTATIVE OF THE PREDATORY INMATES IN THE STATE SYSTEMS WHO ROB AND KILL SIMPLY TO SUPPORT THEIR HABITS OR EVEN MORE SPECIFICALLY KILL TO MAINTAIN A WAY OF LIFE THAT DRUG SALES ALLOWED. IN SIMPLE

TERMS, THE SHEER NUMBER OF INMATES IMPACTED BY THIS $1 BILLION FUNDING PACKAGE IS A SMALL PERCENTAGE OF THOSE WHO NEED TO BE LOCKED UP, AND LOCKED UP FOR A LONG TIME.

MORE PRISONS WILL NEVER BE THE CURE-ALL, BUT IN THESE TIMES OF OVERCROWDING AND TOTAL DISDAIN ON THE PART OF CRIMINALS FOR THE RIGHTS AND SAFETY OF OTHERS, INCREASED BEDSPACE AND OPERATIONS FUNDING ARE NECESSITIES.

NOBODY KNOWS THE EFFECTS OF OVERCROWDED PRISONS BETTER THAN THE CRIMINAL ON THE STREET.

AS LONG AS BEDSPACE IS LIMITED AND THE THREAT OF LAWSUITS CONTINUES TO HAMSTRING THE CRIMINAL JUSTICE SYSTEM, THERE WILL BE NO DISINCENTIVE FOR ANYONE TO CONTINUE TO BREAK THE LAW.

IF PRISONS ARE FORCED TO CLOSE DOWN ON A REGULAR BASIS AS THEY HAVE IN TEXAS AND NORTH CAROLINA, JAILS WILL BECOME MORE BACKED UP. AND IF JAILS GET SO BADLY BACKED UP, JUDGES WILL BE HESITANT TO SENTENCE ANYONE TO ACTIVE TIME AS THE SENTENCE BECOMES MEANINGLESS. AND IF THE JUDGES CAN'T SENTENCE, THEN WHY SHOULD PROSECUTORS PROSECUTE, AND POLICE MAKE CASES? NO ONE WINS BUT THE CRIMINAL, AND **NO ONE** KNOWS IT BETTER THAN THEY.

THE PROBLEM DOESN'T STOP THERE. IF INMATES, PARTICULARLY THOSE WITH CHEMICAL DEPENDENCIES, ARE RELEASED EARLY THEN ANY ATTEMPT AT REHABILITATION THROUGH EDUCATION, COUNSELING, AND TREATMENT WOULD BE MINIMIZED.

WE WOULD BE BACK IN THE WAREHOUSING BUSINESS AGAIN.

UNTIL THERE IS SOME SORT OF LEGITIMATE FEAR ATTACHED TO DRUG USAGE, EFFORTS ON THIS END OF THE SYSTEM WOULD HAVE NO MEANING WHATSOEVER. UNTIL THAT INDIVIDUAL KNOWS WITH A GREAT DEAL OF CERTAINTY THAT HIS CRIMINAL ACTIVITIES WILL LEAD TO A DEFINITE AND INTENSE PUNISHMENT, THEN HE WILL NOT GIVE A TINKERS DAM WHAT HE DOES AND WHO SUFFERS FROM HIS ACTIONS.

THE BOTTOM LINE IS FUNDING FOR FACILITIES AND PROGRAMS ON THE BACK END, AND FUNDING FOR EDUCATION AT THE FRONT END, THE VERY FRONT END. IF WE ARE TO MAINTAIN OUR PUBLIC TRUST OF SAFEGUARDING OUR CITIZENS THEN WE MUST MAKE LAWS THAT MEAN SOMETHING, THAT MAKES CRIME MORE OF A RISK THAN AN ADVENTURE, AND THEN BE WILLING TO PAY THE HEAVY, HEAVY PRICE ASSOCIATED WITH INCARCERATION.

BUT SIMULTANEOUSLY WE MUST EDUCATE, AND EDUCATE EARLY AND SPELL OUT THE PITFALLS ATTACHED TO DRUG USAGE AND ABUSE. EDUCATION ALONE CANNOT SOLVE THE PROBLEM WITHOUT EXTENSIVE COUNSELING SERVICES AVAILABLE TO YOUNG PEOPLE. ONLY THE AFFLUENT CAN EVEN COME CLOSE TO DEALING WITH THIS ISSUE AS COSTS RANGE UP TO $12 THOUSAND PER MONTH FOR TREATING YOUNG PEOPLE WHO HAVE

EMOTIONAL PROBLEMS BROUGHT ON BY OR THAT LEAD UP TO DRUG USE. FOR TOO MANY YOUNG ABUSERS, TIME BEHIND BARS HAS BECOME MORE OF A "RIGHT OF PASSAGE" RATHER THAN TIME BEING LOCKED AWAY. FOR THOSE WHO MAKE THEIR LIVING FROM SALE OF DRUGS, PRISON IS SIMPLY A MOMENTARY INCONVENIENCE.

THIS HAS GOT TO CHANGE BEFORE ANY SEMBLANCE OF DETERRENCE OR OPPORTUNITY FOR REHABILITATION CAN EVEN BEGIN TO MAKE ANY INROADS INTO THIS MOUNTING PROBLEM.

Statement of Robert E. Hightower, Director of Public Safety, Cobb County, Georgia, 28 June 1989.

To: Permanent Sub-Committee on Investigations
U. S. Senate
100 Russell Building
Washington, D.C. 20510

Mr. Chairman, members of the Sub-Committee, I thank you for the opportunity to appear and testify before you this morning on an issue so vital to the future of this country.

Let me begin by giving you an overview of my county's strategy of attempting to control the flow of drugs into our community. The term "attempt" is used purposely. Although we have had much success from an administrative, organizational and operational standpoint, the amount of drugs, the number of drug operations, and the number of drug users continues to increase.

For example, in 1988, the estimated value of drugs seized in Cobb County totalled 15 to 20 million dollars. During the first five months of 1989, we have seized as much cocaine as we seized in all of 1988.

Cobb County, Georgia is an affluent community of 429,900 people, adjacent to the west and northwest borders of Atlanta-Fulton County. Its transition from a rural economic setting to a highly technical urban society has taken place over a 24 year period, from 1965 to 1989. Today, it is one of the fastest growing counties in the United States and was recently featured as such in the Wall Street Journal.

Attempting to keep pace with this growth and creating an infrastructure to provide services to match this growth has provided many challenges and created many problems of both a personal and political nature.

The same period of time, 1965 to the present, has seen the unprecedented growth of the drug culture worldwide. In effect, Cobb County has grown up with ever increasing problems brought on by the drug culture as they relate to crime and public safety.

Police agencies in Cobb County did not sit back and wait to be overwhelmed. As early as 1978, much planning and implementation occurred in an attempt to combat drugs. In 1978, the Cobb County Police Department, the Cobb County Sheriff's Department, the Cobb County District Attorney's Office, the Marietta Police Department, and the Smyrna Police Department created a 12-person consolidated unit to target one local organized crime figure and his drug smuggling organization. This figure was also involved in gambling and corruption of public officials. This operation was successful and served as the catalyst in the creation of the Marietta/Cobb/Smyrna (M/C/S) Organized Crime Squad in 1980.

This squad was created by formal resolutions of the Cobb County Board of Commissioners, the Marietta City Council and the Smyrna City Council. The Oversight Board consists of the Chief Executives of the the Cobb County Police Department, Sheriff's Department, and District Attorney's Office, the Marietta Police Department and the Smyrna Police Department.

The resolutions included authority of this Board to expend confiscated drug assets within certain constraints to fight drug trafficking. While personnel salaries are covered by regular budget allotments of the various participating agencies, the majority of operating expenses, including buy money and informant fees, are funded with confiscated drug assets.

From its beginning with 12 sworn personnel in 1978 and an arrangement with a local bank to provide up to $25,000 in emergency buy money, the squad has increased to 35 sworn personnel, two criminal intelligence analysts, three secretaries, and two assistant district attorney for a total of 40 personnel, and a confiscated assets fund that has a cap of $250,000. Any assets or monies over this amount at any one time is returned to the general fund of the county and cities. The actual amount of funds expended each year exceeds the cap and relieves the taxpayers of that expense. For example, in 1987, $408,684 in drug assets was expended. In 1988, the figure was $460,841.

Due to the composition and organization of this squad, we have experienced no jealousy or envy from the agencies involved or from smaller jurisdictions who frequently call on the squad for assistance. Cooperation and teamwork are among the squad's primary values.

We endeavored to seek close working relationships with other state and local agencies and, in particular, with federal law enforcement agencies, namely the D.E.A., F.B.I., U.S. Customs, and U.S. Coast Guard. We succeeded and for years we have had the trust and respect of all these agencies. On a frequent basis we work joint investigations with federal agencies which enhances our effectiveness to the detriment of drug traffickers. This working relationship also increases the amount of our drug asset confiscation through programs which share these assets.

From the beginning, we sought and developed a close relationship with the Cobb County School Board. This relationship has resulted in many anti-drug programs in the school system, the use of undercover agents in the high schools, and the use of drug dogs in the schools.

Our experience and expertise have generated requests from other agencies in the state for investigative and electronic surveillance assistance which we provide through a program at the state level called the "Locals Help Locals Program."

We have continually provided advanced training to our drug enforcement personnel. We have consistently provided state of the art equipment and resources to them. Though the number of drug arrests and the amount of drugs seized increases yearly, we are still losing the war against drugs and the war against crime that is produced by the drug culture.

From the view provided by a law enforcement career that spans three decades, I can tell you that the drug problem is the first truly national crime problem that I have seen. What happens in Cobb County on a daily basis is directly impacted by what happens in other states and other countries.

For the first time I am confronted by the certain realization that nothing we do, no action we take in Cobb County will solve or greatly impact, except in the very short run, the drug problem in the county. This is a totally frustrating and hateful realization that cries for a solution.

We at the local level know the solution to the supply and demand sides of this issue must be found on the national level. Given the Constitution and the civil rights our citizens enjoy, there can be no quick and simple answer. We must hold tightly to the faith that America has always found solutions to the problems that threaten its very existence. Since this problem fits that definition, we press on.

For the first time the drug problem is beginning to get the attention from the public, the media, and state and national government that is necessary to change public attitudes and values. In the early 60's, when the drug culture was just beginning, only law enforcement was concerned. The public, the media, and the political structure considered it a passing fad; just a little marijuana, no worse than beer. Law enforcement was often chided by the press and others for arresting users and small dealers.

Thirty years later we are concerned by the engineer of the train, the captain of the ship, the pilot of the airliner, the surgeon in the operating room, the police chief, the sheriff, and the mayor. Are they impaired by drugs or even part of the drug supply system? We read of areas in the United States whose economy is fueled by the drug trade and countries whose governments are corrupted by the drug cartels.

It is not surprising then that Cobb County is not unique in respect to the ever increasing threat of illegal drug trafficking and the slow deterioration of the quality of life a prosperous community has come to expect. So long as the equation of supply and demand remains substantially uninterrupted, our society will continue to face the downside of its prosperity. It is not necessary for this trend of altered social values to continue. With the support of business, neighborhoods, organizations, education, government and our citizens, law enforcement can and will continue to disrupt this equation on the supply side at an ever increasing level.

In a capitalistic society, it is an economically given fact that so long as there is a demand there will be a supply. As law enforcement has insisted for 30 years, this demand side must also be addressed. It is the responsibility of every citizen of this country to insist upon a higher standard of values, more education and personal involvement to combat the demand side of the equation. It is estimated that it will take 20 to 30 years to reverse the relative acceptance of recreational drug use by the next generation, if we begin now. God grant that this is that beginning.

Let me give you an overview of the effect narcotics have had on our crime figures recently.

White Collar Crimes

In the past 18 months in Cobb County, incidents of "white collar" crime and organized crime within the business community were related to narcotics activity 37 percent of the time.

Crimes Against Property

In 1988, 12,849 property crimes, i.e., business and residential burglaries and larcenies, were committed in Cobb County. These crimes continue to increase as the population grows and the community prospers. Of those arrested in this crime category, 70 percent were after property they could easily dispose of to support their drug habits.

There was a time in recent history when poor economic conditions played major factors in the crime rate. Today, affluence itself provides a demand for recreational drugs, either by the young "professionals" who can afford the practice or by the thief who victimizes businesses and homes to pay for his habit. As a result of this victimization process, insurance rates, wholesale and retail pricing, and security costs steadily increase.

Daytime residential burglaries create an unsafe environment in our neighborhoods precipitating increased demands for police services above and beyond the investigation stage. Areas such as crime prevention, target hardening, and neighborhood watch programs are absolute necessities, along with proactive patrol techniques.

Aggravated Assault

The violence between dealers, families and strangers aggravated by the inhibitions of the drug culture has caused the 1988 drug related assault rate of 34 percent to jump to 40 percent thus far in 1989.

Homicide

Illegal drug activity inevitably results in death; the death of the user, trafficker or the innocent. Violence and narcotics are synonymous. People are killed during and after drug transactions as greed leads to rip-off. In 1988, 35 percent of all homicides were drug related. So far in 1989, the percentage has risen to 40 percent.

Robbery

Robberies cost businesses, financial institutions and individuals millions of dollars annually. The propensity for violence is evidenced by the presence of firearms in the vast majority of these incidents. Records indicate that 70 percent of all robberies in 1988 were committed by persons seeking money to support their drug habits. Based on current year-to-date figures, detectives are projecting an increase to 80 percent in 1989.

Suicide and Accidental Death

Intentional and unintentional overdose continues to take the lives of young people. In 1988, 26 percent of all suicides in the county were directly attributable to drugs. For a three year period, from 1986 to 1988, of 17 teenage suicides, eight (or 47 percent) were associated with drugs.

Crimes Against Children

Children are not immune from the ever widening drug culture. Within the past six months, 113 cases of alcohol or drug abuse have been reported on school property. Specifically, there were 50 cases of alcohol possession/consumption and 63 cases involving drugs. Of the 113 cases, 48 (or 42 percent) occurred at the middle school level. The result of this, of course, is increased delinquency, truancy problems and other status offenses.

These young people must receive professional counseling and treatment where necessary. In most cases law enforcement can only react after a crime is committed. With school children, the community has the opportunity to provide a value based education in a proactive attempt to break the circle of drug dependency.

The Juvenile Court of Cobb County reports the following statistics on the extent of alcohol and drug use among offenders in that system. Of those involved in substance abuse, 44 percent had used alcohol, 34 percent had used marijuana, and 22 percent had used "hard" drugs such as cocaine, crack, speed, LSD, hashish and other controlled substances.

1987* Juvenile Court, Cobb County Statistics

Substance	Number of Incidents	Percentage of Total
Alcohol	1,070	44%
Marijuana	821	34%
Cocaine	95	4%
Crack	53	2%
Downers	54	2%
Speed	59	2%
Other Narcotics	37	2%
Hallucinogens	84	3%
Hashish	47	2%
Prescription	37	2%
All Other	63	3%

*1987 is the last year for which figures are available. It is safe to say the use of crack in the 18 months since December 1987 has escalated considerably.

To underscore the devastating impact drugs have on children of all ages and the traumatic experiences they face from parental involvement in drugs, permit me to cite five actual cases experienced by our drug agents.

Agents from the M/C/S Narcotics Squad purchased LSD, cocaine and marijuana from a couple living in the Mableton area. Upon raiding the residence, agents kicked open a bedroom door. A white female, approximately four years of age, was in the bed by herself. She sat up, but did not appear to be afraid of a strange man with a shotgun in her room. She looked at the agent and asked, "Is my momma busted?" Only when the agent replied, "Yes, darling, she is," did the child begin to cry.

M/C/S Agents have made drug purchases whereby they had to front the money to the suspect, who would in turn go to another location to procure the drugs. The suspects would be asked what security or assurance they could give the agents they would return with the drugs or money. Many times the suspects would offer their children as security. On one occasion, two undercover agents were dressed very shabbily with long hair and had never previously met the suspects. The suspects, a husband and wife, left their infant and toddler children with the agents as security for approximately four hours while they went to procure the drugs. This is not an uncommon occurrence.

M/C/S Agents have dealt with suspects who brought small children with them to the drug deals. Often the suspects had hidden the drugs on the person or in the effects (diapers, blankets, etc.) of the small children. When executing search warrants, agents have found drugs hidden in baby beds, diapers, and other baby accessories.

On one occasion a 14 year old high school student notified M/C/S Agents, through the school guidance office, that her parents were manufacturing and selling marijuana. The girl told agents that the drug sales had so altered her parents' values and their state of mind, and attracted customers to the house at all hours of the day and night, that she could no longer cope with the situation. M/C/S Agents obtained a search warrant for the residence and found a large quantity of marijuana growing in a secret chamber in the basement. The marijuana was confiscated and the mother and father were arrested. The child was temporarily placed in foster care. Since the intervention of the police and the courts, this family unit is now back together. According to school officials it was the best thing that ever happened to the girl.

M/C/S Agents purchased cocaine from a dealer who always dealt in the presence of what agents believed was his daughter, approximately 10 years old. The child was using cocaine, had blue hair and was always in an intoxicated state. The suspect told undercover agents, "I like to let my children express themselves." When the suspect was arrested, it was learned that his supposed daughter was actually his 15 year old son. Unfortunately, this is not an isolated incident.

Children often have no one to care and speak for them, much less protect their civil rights, before their parents are arrested.

Many jurisdictions with over 400,000 population would consider our drug statistics small. To Cobb County citizens, however, it is considered epidemic, when compared to drug statistics of only a few years ago.

The introduction of crack and other designer drugs, along with the returning popularity of hallucinogens such as LSD, has changed the nature of the drug problem dramatically. For the first time cocaine, in the form of crack, is within the financial reach of everyone, even children. Small towns which had no drug problems or the related crimes are now facing those problems.

In some ways large jurisdictions are better off. We can at least fight the drug problem. The smaller departments have no capacity to fight drugs. They must turn to state and federal agencies, only to find that these agencies are overwhelmed with requests and it will be weeks or months before agents can be sent.

Federal law enforcement agencies cannot devote all of their resources to interdiction efforts and leave local agencies to struggle with interstate drug rings which transcend boundaries we cannot cross. Without federal law enforcement, corruption would escalate within our own borders. This cannot be allowed to occur. Federal law enforcement historically has been the front line of defense against official corruption on the local level. Given the corruptive nature of drug trafficking, without this constraint, chaos would develop and interstate investigations would be severely hampered. Off-shore interdiction and vigorous interstate enforcement is needed to fight both the supply and the demand sides of narcotics.

Jail overcrowding created by the drug problem is beginning to create problems as serious as the drug problem itself. With no bed space available, states are releasing "non-violent" inmates to make room for violent criminals. Often drug dealers who have no history of violence are released. The system feeds on itself and becomes a self-fulfilling prophesy as burglars and thieves who make up the demand side are poured back on the streets to burglarize and steal to support the supply side, which produces violent criminals who are sent to jail and more non-violent inmates are released to consume drugs and produce more violence. We have redefined the term "vicious circle" and made it a public strategy to provide jail bed space, while the victims of the violent criminals produced by the drug culture suffer and go uncounted.

For years the entertainment industry, i.e., movies, television, music, and advertising, has glorified drug use and produced horrendous role models for children. Public education spends millions of dollars to produce anti-drug curriculum for children. The children leave school and turn on the radio, put a cassette in the deck, or turn on the television and see their idols, the people they most want to emulate, glorifying drugs or treating drug use in a cavalier manner. The personal and moral values they sensationalize too often send the wrong message to youth, that drugs are harmless. President Bush recently challenged the entertainment industry to treat drugs realistically, but no consistent pressure has been placed on the industry by government or the public to cause them to change.

On a daily basis the secondary educational system in the United States is described as inadequate and inferior, flawed in almost every area of curriculum and instruction. This is confronted frequently by police agencies when applicants with high school educations must be given special training to write simple reports or be tutored to successfully complete a basic training course in the police academy. Individuals with limited education are ill-equipped to compete in life or cope with the temptation on the street and the peer pressure of the drug culture.

I do not have the solution to the drug problem. None of us do or we wouldn't be here. I do know that the deep rooted social problems that cause children and adults, the uneducated and educated, the rich and the poor, and yes, the moral as well as the immoral to turn to recreational use of drugs cannot be solved by police. These social problems produce greed and instant gratification that cause an airline pilot to fly drugs into the country; they cause a doctor, lawyer or other professional to invest in drug smuggling operations; they cause the 15 year old in the ghetto to deal crack and quickly point out to police officers, "I make four times more money than you, so which one of us is dumb."

These social conditions attack self-esteem, moral values, role models, education, family stability, parental discipline, an self-discipline, and lend aid and comfort to the drug culture. This situation must somehow be turned around and this will take a concerted effort on the part of this government and all its people.

Although I do not personally endorse legalization of drugs, I believe that this, too, should be considered by this Committee and this government to create debate along with all other possible solutions, to generate discussion and knowledge even if its only result is to rule it out. It must be considered if for no other reason than legalization would eliminate profit and profit would eliminate associated crime. I firmly believe that a committed and serious study will develop a much better solution although its implementation will probably take longer.

In the final analysis, a 25 year battle to control drugs has been a failure, given the fact that the drug problem in 1989 is far worse than it was in 1964. Will our predecessors in 2014 be talking about a 50 year fight to control drugs? I think not. Drugs will have destroyed us by then if current use patterns are not interrupted or destroyed.

In conclusion, the effect of substance abuse on our society has been staggering. The elimination of the narcotics element in Cobb County would cause the overall crime rate to decrease by approximately 54 percent. We must provide continued strategies and funding to law enforcement to fight the "supply side" of the drug problem. We must also begin a coordinated, nationwide effort to improve social conditions; to educate and counsel the public; and bring about a change of attitude that will be detrimental to the "demand side". This is essential if we are to halt this degenerating influence in our time.

CITY OF ATLANTA

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JUNE 28, 1989

UNITED STATES SENATE
PERMANENT SUBCOMMITTEE ON INVESTIGATIONS

PUBLIC HEARINGS

ILLICIT DRUGS: THEIR EFFECTS ON CRIMINAL JUSTICE SYSTEM

PRESENTED BY: MAJOR JULIUS DERICO

ATLANTA BUREAU OF POLICE SERVICES,
SPECIAL INVESTIGATIONS SECTION

ILLEGAL DRUGS IN ATLANTA

The drug problems in Atlanta have increased tremendously within the past three years, mostly due to the increased trafficking in cocaine, both powder and crack. With the influx of drugs into the city has come a proliferation of open-air markets, where buyers and sellers exchange goods and money in full view on the streets. The majority of street sales is occurring in low-income neighborhoods, particularly in and around public housing projects. For those drug dealers who are a little more cautious, drug houses have been established, where drugs and money are exchanged through a cut-out hole in a window or door.and money are exchanged through a cut-out hole in a window or door. Often these houses are heavily fortified, barring easy entry to the police. The leading organization responsible for much of the cocaine trafficking in Atlanta is the "Miami Boys", who bring the drugs from the South Florida area. Drug activity by Jamaican groups has also been detected, however, and some of the business is being conducted by loosely organized groups of locals. Enforcement is hampered due to the mobility of the drug dealers. When police "crack down" on one location, they just move somewhere else, disturbing is the increased involvement of juveniles in drug activity, primarily as street workers for the dealers. The majority of those arrested on drug charges, however, fall between the ages of 18-28.

In 1988, the Atlanta Bureau of Police Services made 6,898 drug arrests. This was a 46% increase from drug arrests made in 1987. As of April, 1989, 3,165 people have been arrested on drug charges; if this rate continues, the total for the year will be around 9,500. Of the drug arrests made so far this year, 79% have been for cocaine, either sales of drug offenders who come to the attention of the police. As mentioned previously, a particular concern is the increase in juvenile involvement in drug activity. The number of juvenile arrests more than tripled from 1983 (72) to 1988 (264), and there have been 127 as of April, 1989. As with total drug arrests, the largest category is for cocaine - 87% of the juveniles arrested so far this year have been charged with either cocaine sales or possession. In addition to arrests, a similar increase is documented by the estimated value of drug seizures. In 1988, the Narcotics and Organized Crime Units together seized an estimated $6,806,724 worth of illegal drugs and another $280,357 in cash.

Information from sources other than the Police Bureau provides additional evidence that drug activity is a growing problem in Atlanta. The medical sector has documentation of increasing drug problems, especially related to cocaine. The medical examiner offices of Fulton, DeKalb and Cobb Counties reported a total of 428 overdose and non-overdose deaths in 1986, and 478 in 1987.

Cocaine detected at autopsy increased from 29% during the first quarter of 1987 to 38% during the last quarter. Overdose deaths for which cocaine was detected increased almost threefold in one year's time, from 13 in 1986 to 33 by the end of 1987. A similar increase also appeared in non-overdose deaths, with 79 occurring in 1986 and 119 in 1987.

Drug data is also available from Grady Hospital, the largest hospital in the metro area and the one that treats the most drug overdoses. Grady Hospital is supported by public funds and is the primary source of medical care for Atlanta's indigent population. Consequently, these data do not reflect drug-related emergency room admissions from the private hospitals in the more affluent areas of the city. Cocaine has been increasingly detected in emergency room admissions, rising from 46% in 1986 to 56% in reports of emergency room admissions with detectable amounts of heroin from January, 1987 through the first quarter of 1988.

The only publicly funded residential treatment facility available for residents (adults only) of Atlanta City Fulton County is the Fulton County Alcoholism and Drug Treatment Center, supported by both County and State monies. The facility has 40 de-toxification beds and 50 residential treatment beds, and serves both alcoholics and drug abusers. They also operate an out-patient treatment program. More and more of the clients being seen in this center are reported to be poly-drug abusers, combining alcohol, cocaine and marijuana. Ply-drug abusers now constitute approximately 60% of the patient population. The director stated that in 1986 the facility stayed at about 60% occupancy and saw about five new clients per day. Since the beginning of 1988, however, they are now maintaining 100% occupancy and seeing about 15 new clients per day. During the first six months of 1988, staff at the facility saw approximately 3,000 people, 2,000 of whom had never been in any kind of treatment before.

An additional medical concern related directly to drugs is AIDS. The State acknowledges that the vast majority of people with AIDS live in the metro Atlanta area. New cases diagnosed for which IV drug abouse is the sole risk factor are increasing rapidly. In 1986, the total of new cases in this category was 13, compared to the total of 44 in 1987. Fourteen cases were diagnosed during the first quarter of 1988. These cases do not include other AIDS cases which involve IV drug use in combination with other risk factors, so this figure is conservative.

Increased violence in general is often mentioned when the topic of drugs is discussed.

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Violence erupts over sales turf, over drug deals that "go bad," over arguments that occur when people are high, over disputes both between and within gangs, over the effects of drug use on families and other relationships, over property crimes committed for drug money, and sometimes for no discernible reason at all. Random shootings are one of the most frequent complaints received by the police and Atlanta Housing Authority staff from residents in low income areas where drug activity is high. The very randomness of the violence makes it difficult to document accurately, but numerous police and AHA reports, citizen complaints, and media accounts provide an indication of how widespread the problem is. It is disturbing that many victims are children and adolescents.

Sometimes, though, the shots are not random, but are directed toward an intended victim. The Atlanta Police Bureau only began classifying drug-related homicides as a separate category in 1985. Since that time, there has been a steady increase from 5% to 17% in 1988. It is probable that these figures are under-representations of the true number of drug-related homicides, as the motive for many homicides is listed as "unknown." Also, other motives such as "argument", "senseless killing," "argument over money," "domestic dispute," and "killing during robbery," may involve drugs.

A substantial amount of the violence is due to an increase in the number and firepower of guns on the street. It is difficult to determine the exact correlation of firearm use and drug offenses because of the classification system of the Uniform Crime Report system. If there are multiple offenses, the one with the highest ranking is the one under which the arrest is classified. Weapons offenses rank higher than drug offenses, so these records involving both weapons and drug go under "Weapons" and are not regularly reviewed by those who track drug arrests. However, it is a fact that more and more powerful weapons are on the streets, and these are frequently being used in some type of drug-related activity. During 1988, officers seized 3,326 weapons, a 20% increase over conjunction with drug arrests. Officers sometimes find caches of weapons when they serve search warrants in a house or apartment known as a drug location, and residents of drug areas in the city report seeing young males males walking around their neighborhoods with guns. In 1988, 2,485 arrests were made for weapons offenses, with 9.6% of arrestees being juveniles. Fortunately, the increase in firepower by drug dealers has not resulted in a significant increase in injuries to police officers in Atlanta. Firearm assaults on officers have increased, however, by 182% in the past four years, from 17 in 1985 to 48 in 1988.

The School Detectives Unit in the Police Bureau reports that drug use in the schools is not a major problem in Atlanta. This is not to say that students are not involved in drug use and/or sales, but that they generally do not engage in these activities while on school property. Property crimes, assaults, and weapons offenses are more problematic in Atlanta's schools than drugs. It may be that those students who are involved in drug activity are no longer attending school. The drop-out rate in th city's high schools averages around 15% a year.

A serious problem in Atlanta, as in other major cities, is that once the police make arrests for drug offenses, they add to the overburdened courts and corrections systems. All persons arrested by the Atlanta police are held in the Pre-Trial Detention Center until they receive a hearing at the Municipal Court. This initial hearing is usually held within 48 hours of their arrest. According to the Center's director, approximately 5,000 admissions are processed each month, with approximately 1,000 of these being drug offenders. Increasing arrests are placing increasing strain on the detention Center. Only five years old, the Center was build to house 424 inmates, but frequently has as many as 600 inside. Drug offenders are a large part of the crowding problem.

The increase in arrests has resulted in an increase in the workload of the court as well. The Municipal Court has five full-time judges, but 57,534 individuals were brought before the court, a 28% increase from 1987. The arrestees average around 1.33 charges per arrest, so the number of actual charges judges have to deal with exceeds the number of arrestees by about one-third.

The juvenile justice system, too, reports feeling the impact of the increasing drug activity in the city. The juvenile Court reports an increase of 80% in drug cases between 1986 (114 cases) and 1987 (205 cases). As of November 1988, there was already a 91% increase from the 1987 total (392 cases). This results in a crowding problem at the Juvenile Detention Center, which frequently releases children back to their parents because of lack of space. In addition to adding more children to the inmate population, drug offenders bring a different kind of problem for the facility. Juvenile drug offenders often come from violent environments, and many have serious mental and emotional problems.

As mentioned previously, high levels of drug activity plague the city's public housing projects. Drug dealers use apartments in the projects to stash drugs and weapons, to conduct business out of, and as hideouts when needed. They are not typically legal tenants, but gain entry through romantic liaisons with young women who are tenants, by exchanging money for use of the apartment, by exchanging favors, or by threats and intimidation. Drug dealers also use vacant apartments in the housing projects as centers of operation.

Policing drug activity in the public housing projects is difficult due to several factors. The housing projects are designed such that there are large areas of interior space inaccessible by car. Lookouts notify dealers when the police are approaching on the street, allowing them time to disappear into the interior of the project before the officers can catch them. The project properties are poorly lit, mainly because dealers continuously shoot out the street lights. This lowers officers' visibility. Since the boundaries of the housing projects are open, and many are located on main streets, it is difficult, if not impossible, to control foot and vehicular traffic through the properties. And, since drug dealers often provide some degree of economic support for many tenants, or threaten them with unwilling to cooperate with the police. It is easy for the drug dealers to lure young males into working with them because of the easy money, and because there are few options available to them. There are few to no recreation or other types of programs in the housing projects for young people. This is a problem, since approximately 50% of project tenants are under 18. There are also few job training programs and few jobs for low-skilled workers, and no jobs available that can compete with the drug dealers' wages. A recent survey of some of the residents in public neighborhoods, followed by burglaries and violence. They report altering their lifestyles in some ways because of the drug situation, mainly staying at home, not going to particular places on the property, and not going out alone. The survey indicated that residents have high levels of fear of being burgled, robbed and assaulted, and many have been personal victims of those and other crimes.

ENFORCEMENT EFFORTS

The Police Bureau's drug enforcement efforts are centered in two sections. The Special Investigation Section and the Red Dog Section. Special Investigation has the Narcotics/Vice Unit, Organized Crime Unit and Intelligence Unit which has the capability of investigating cases at any level. The Narcotics/Vice Units concentrate on mid level dealers and suppliers while Organized Crime target the distributors and upper level suppliers. Due to the complexity of some cases, the Organized Crime Unit often work cases in conjunction with the DEA Task Force.

The Red Dog Section is an all volunteer, highly motivated group that aggressively go after street level dealers throughout the city. While their purpose is to make arrest, they are very concerned about relieving the tension and anxieties of residents who live in drug plagued areas.

Because of their efforts, many street to mid level operations have been disrupted or displaced, brining at least temporary relief to the community. Even though the values of these kind of operations are still being debated throughout the country, we see it as a means of immediately addressing the cries for help from citizens who feel they are imprisoned in their home.

The Bureau has a standing drug task force that meet regularly to review the magnitude of the problem, enforcement efforts and develop policy and strategy for the units charged with narcotics enforcement. The committee is very sensitive to the needs of the citizens and will direct joint efforts operations if the circumstance so dictate. A typical operation would include:

- -Narcotics Unit going into the target area making buys to secure search warrants over a one week period.
- -Red dog supplementing the Narcotics Unit for the simultaneous execution of the search and arrest warrants.
- -Special Operation (Traffic Unit) conducting road blocks in the immediate area of the operation.

These tactics have proved successful and public acceptance of the operation has been positive. This gives them visual confirmation that their complaints are being acted upon.

FEDERAL ASSISTANCE

The Bureau have investigators assigned to the Local Task Force of the D.E.A. This has made it easy for us to maintain a good working relationship with the Federal Agencies and also minimizes the potential of duplicating efforts. Invaluable assistance has been provided in the area of asset forfeiture and handling of multi-jurisdictional cases that reach beyond our scope of investigation.

The fact that the city is a national and international transportation center makes drug entry relatively easy. The four primary means of transporting drugs are by air, motor vehicles, the postal service, and private couriers such as Federal Express. An interagency task force, headed by the DEA, has been formed to work at the airport in an effort to confiscate drugs/money moving through. They report that for fiscal year 1988 they arrested 191 people on drug charges. In addition, they seized 735.7 grams of heroin, 60,945.8 grams of cocaine, 115.5 grams and 2,619 dosage units of other dangerous drugs, and 209 pounds of marijuana. Other assets seized include $1,661,062 in cash, 15 vehicles valued at $174,350, and other assets valued at $468,657.

Beginning this year, the FBI has become more active in the investigation of narcotics. We have established contact persons within the agency who are earger to assist in our investigations. Technical assistance and training has been offered in the area of training in assist identificatiion and surveillance techniques. This assistance should better enable our personnel to perform their duties.

The U. S. attorney for the Northern District of Georgia has offered the full weight of his office to our effort to combat drugs. He developed a Gang Hotline to receive gang related drug information. This information is shared with all participating agencies in the district. The investigation that lead to the arrest of the Jamacian Posse member before they could become fully established in this area came from the Hotline.

Last week, intradiction training was provided to members of Atlanta's Narcotics Unit, Metro Drug and Vice and D.E.A. to better our efforts to intercept drug shipments through the bus station and the Amtrak Station. Previous seizures by the Police indicates that large quantities of marijuana are being shipped from South Texas to points along the eastern seaboard. Over the past two months, more than 1200 pounds have been seized by Atlanta Police.

In closing, it must be said that we as a nation must fully dedicate ourselves and our resources to eliminating this plague that has had a greater impact on our lives than any war we have fought. We must:

1. Have greater handgun control in this country.
2. Educate our young people to the danger of drug at an early age.
3. Provide affordable treatment to those who have a desire to kick the habit.
4. Have clear direction and policy from the Federal level and launch a a joint effort on all fronts of this battle.

Effects of Cocaine on The Fetus and Newborn Infant

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I. INTRODUCTION

Since 1980 America has changed from a country which considered cocaine as a drug incapable of producing dependency to a country which since 1984 considers cocaine as "the drug of greatest national public health concern" (1).

Over the past five years more has been learned about cocaine, a drug with very vasoconstrictive properties. There does not appear to be the same clinical signs associated with withdrawal from cocaine as is seen with such drugs as morphine or alcohol. However, chronic use of cocaine produces neurophysiological alterations in the control centers of brain that regulate the capacity to experience pleasure (1). It has been shown that animals will continue to self administer the drug even in the face of severe toxic side effects (2). Similar results have been found in humans studied when self administered cocaine was used (2). Because of all this new information cocaine has thus been identified as one of the most addicting and devasting drugs known to man (3).

As in the general population, there has been a dramatic rise in the use of cocaine as a recreational drug by pregnant women. The incidence of perinatal cocaine exposure in the last 3 years at Babies Hospital in New York has risen from 8% to 22% (4). There is a similar dramatic incidence of newborn infants who screen positive for drugs in their urine or their mothers urine in the Special Care Nurseries at Grady Memorial Hospital, 25-30%.

II. ADVERSE EFFECTS ON THE FETUS, AND NEWBORN

There are adverse effects of the cocaine taken by the mother on her fetus and newborn infant. As in the adult, there has not been a description of the classic withdrawal symptom complex in the newborn infant like with morphine. However, there are very significant adverse effects on the fetus and newborn which include:

a) fetal deaths/stillbirths usually associated with placental abruption (5).

b) impaired fetal growth which gives rise to a lower birth weight, smaller head circumference and shorter length for gestational age. This effect is not sustained if the use of cocaine is stopped before the second trimester (6).

c) increased risk for serious congenital malformations. Data generated to date suggests that there is a 90-95% chance that cocaine is a teratogen. Using the cocaine/mouse model, malformations seen in humans can be reproduced. The teratogenic effect is thought to come from its vasoconstrictive properties. This makes the drug a

teratogen which can act throughout the entire gestation of the fetus. It is not a drug or agent which acts during embryogenesis like radiation or rubella for instance (5).

d) increased incidence of sexually transmitted disease in the newborn (7).

e) adverse long term effects of cocaine on the fetal central nervous system. Some disturbing associations have been described in the early studies (8).

1. impaired organizational response to environmental stimuli
   motor
   orientation
   regulation of state

2. increased incidence of SIDS

f) prolonged hospital stay for the newborn infant secondary to both medical and social reasons (9).

g) an inappropriate and hostile environment to which the newborn infant is discharged.

The social and environmental needs are not met for the developing infant because the mother has to first supply her cocaine addictions. Because of this, child neglect, abuse and abandonment occur.

III. INTERVENTION STRATEGIES

A multi-pronged approach must be used in the attack on drug abuse. I would like to suggest intervention strategies which are addressed to the needs of women and infants. All three of these interventions have to be classed as imperatives:

1. Short Range Intervention Strategy -

For the protection of infants currently being born, it is imperative that the Federal government immediately take a leadership role with states to initiate protective programs for infants born to women who abuse drugs.

At present, most infants are sent home with their addicted mothers with only marginal home supervision until the infant presents with problems of child neglect, abuse or abandonment.

The program would need to be a comprehensive program which would include the following components:

a) mandatory participation of drug abusing women who have had a newborn infant

b) temporary custody of the newborn infant

c) mother enrolled in a drug treatment program which can include inpatient treatment or outpatient day stay programs which may include care for the newborn infant to stay with the mother.

d) during treatment program mother would be given assistance to obtain housing, Medicaid number for infant and herself, WIC for the infant

e) custody for other children for child care while she is in residential treatment

f) case workers to assist mother after she has been discharged from the inpatient stabilization program.

2. Intermediate Range Intervention Strategy -

The second intervention strategy which is imperative is a program directed at changing particular life styles of women which are known to have an adverse outcome on the fetus and newborn infant. These programs would be directed at all age persons but starting as early as the 5th or 6th grades. It would be important to use all we have learned from public communication, the advertising world and motivational research to reduce these specific behaviors:

Cocaine/drug abuse
Smoking
Alcohol abuse
Suboptimal nutrition

3. Long Range Intervention Strategy -

The third intervention strategy which is imperative is a program directed at reducing the demand for drugs by raising the educational, economic and social support services of women.

Throughout recorded time and across cultures women have been able to control their reproductive careers and care for their children when they were literate and had reasonable economic stability. People to whom I have spoken all agree that a woman will not use cocaine when she has hope for herself, when she has a feeling she can achieve, when she can feel she has a chance to make a difference in her life's outcome, when she does not feel overwhelmed. When all of this is missing and she has no family "drugs are a short-cut to forgetting that life is hopeless." Cocaine does bring pleasure.

SPECIFIC STRATEGIES

1. The Federal Government must take the leadership in expressing that education is the way to escape proverty.

   a. When the family is missing, the Federal Government must stimulate the private sector, churches, community action groups to provide role models for children to see the importance of education and the desire to get as much education as possible.

   b. The Federal Government should facilitate the opportunity for the individual who is desirous of getting an education, to get it.

2. Strengthen programs which encourage private enterprise to make more jobs and related education available to women wanting work. This presumes the necessity of day care services for these low income women.

3. Re-initiate programs that provide the creation of community action groups which support marginal families in learning how to be home makers, develop their talents and facilite receiving appropriate health care.

4. The Federal Government must assist in the immediate development of affordable housing for low income working families.

IV. CLOSING

I would like to close with a loud note of HOPE blended with a shrill note of URGENCY. I have the confidence that America, just like Atlanta has been able to answer any question that it has been brave enough and persistent enough to ask. Senator Nunn, you have helped us begin to ask the questions. We must all persists in arriving at answers for the sake of all our citizens.

The shrill note of urgency is the same sense of urgency which Dr. Julius Richmond used to open the Surgeon General's Workshop on Maternal and Infant Health when he was the Surgeon General and Assistant Secretary for Health, U.S. Department of Health and Human Services in the Carter Administration.

"The health and welfare of our children is of particular importance. There is a special urgency because children have only one childhood that they pass through and, if they don't get the benefits of all that our society has for them, it becomes very difficult to go back and make restitution."

"The Chilean poet Gabriela Mistral summed it up in these words: 'The child cannot wait. Many things we need can wait, but he cannot.... To him we cannot say 'tommorrow,' his name is 'today'."

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Statement of

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Mr. Chairman and members of the Subcommittee, thank you for inviting me to testify at your hearing on drugs and violence. My name is Gail Anderson. I am the Associate Medical Director of Grady Memorial Hospital and the Director of Grady's Surgical Emergency Clinic. I am an Assistant Professor of Emergency Medicine at Emory University School of Medicine. I am also the current President of the Georgia Chapter of the American College of Emergency Physicians.

Drug abuse is having a major impact on the health care system in Atlanta. Since becoming an attending physician in the Surgical Emergency Clinic in 1981, I have had the opportunity to see, on a daily basis, growing numbers of patients affected by illicit drugs seeking care in the city's largest hospital.

Grady Memorial Hospital is a 1,034 bed facility which sees 250,000 emergency patients annually and is a principal trauma center for the metropolitan Atlanta area. About 90% of our surgical cases are emergency in nature. Penetrating wounds (stab and gunshot) constitute more than 60% of our major trauma injuries. Many of these patients have ingested illegal drugs or are involved in drug-related incidents leading to their injuries.

Five years ago, during early morning rounds, there would often be several gunshot victims in Grady's Surgical Emergency Clinic. Of course, not all would have major life-threatening wounds. A few of these patients might have had a history of drug related activity. On some mornings in 1989,

it now seems that about one-half of the patients in the Clinic have sustained injuries as a result of drug activity, including gunshot wounds, knife wounds, and infected arms and legs from intravenous injection. One night last week, 7 people were treated for gunshot wounds from drug incidents.

The impact of increasing numbers of patients suffering the health consequences of illicit drug activity is straining the hospital's ability to provide medical care. The intensive effort needed to take care of these preventable health problems consumes resources needed by all patients.

Hospitalization costs from firearms injuries have recently been estimated to cost this country almost half a billion dollars annually.[1] Increasing numbers of injuries from automatic and semi-automatic weapons are being seen. Drugs seem to be involved in many of these assaults. Younger patients are being seen.

This Spring, a teenager underwent surgery at Grady after allegedly being shot in a "drug deal". While he was in the hospital, a second attempt was made on his life by a 15-year-old boy reportedly involved in the same drug related incident. Another patient was recently admitted with a chest injury which ultimately proved to be fatal. Supposedly he had more than $60,000 in cash on his person.

Cocaine is implicated in a vast number of these cases. In 1985, 17% of all homicide victims in Fulton County tested positively for cocaine. In 1989 this number stands at 45%.[2] In a 1986 study at a university hospital in San Diego, 64% of

adult patients with positive drug screening tests for cocaine were located on the trauma or obstetrical services.[3] The problem of "cocaine babies" is seen in a growing number of hospitals, including ours. At Grady, we published one of the first reports of patients who had developed pneumomediastinum (air around the heart and lungs) as a result of "crack" smoking.[4]

Drug related injury and illness is consuming a growing portion of the health care dollar. Patients with no control over their health problem have to vie for lessening resources with those whose affliction is largely avoidable. Perhaps we need to take heed of the advice that "an ounce of prevention is worth a pound of cure". Otherwise, the price of the cure may break the bank.

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TESTIMONY OF DR. MICHAEL CARPENTER, CRISIS INTERVENTION CENTER
GRADY MEMORIAL HOSPTIAL, ATLANTA

AN OVERVIEW OF CHEMICAL USE AMONG SCHOOL AGE CHILDREN AND A SCHOOL SYSTEM'S APPROACH TO RESOLVE ASSOCIATED PROBLEMS

A REPORT

OF THE

COBB COUNTY SCHOOLS

MARIETTA, GEORGIA

JUNE, 1989

Jerry Ingram, Interim Superintendent
Bob Moore, Supervisor of Health and Physical Education

Cobb County, located on the northwest fringe of Atlanta, is a dynamic suburban community of more than 375,000. It is one of the fastest growing counties in the nation. Planners predict the population will continue to grow at a rate of 15,000 new residents and more than 2,000 new students per year into the next decade.

The school system is the 39th largest in the United States and in the next few years will be the largest in Georgia. The system presently serves 67,000 students in 75 elementary, middle, and high schools, two special education centers, and one adult education center. The ethnic origin of students is approximately 90% Caucasian, 6% Black, 2% Oriental, 1% Hispanic, and 1% other.

In 1987 as part of Governor Frank Joe Harris' initiative against drug abuse, the national Parent's Resource Institute for Drug Education, Inc. (PRIDE) under contract with the Department of Human Resources (DHR) conducted the Georgia State wide School Survey of Prevalence and Patterns of Adolescent Drug Use. The survey was conducted in 93 percent of the schools in Georgia, with over 450,000 students in grades 6 through 12 participeting.

Cobb County statistics derived from the statewide survey involving more than 27,000 Cobb student responses, indicated that about 1% of all drug use takes place at school. Most student drug use occurs at night and on the weekends. The predominant location of use was at a friend's house. This points out that parents need to act more responsibly in managing their children, knowing whom they are with, where they are, and supervising more closely activities with house guests.

The drug survey also pointed out that the most common drugs of choice were wine coolers, beer, and cigarettes. While many adults find these substances innocuous, they have proven to be the "gateway drugs". Professionals in the chemical treatment field have stated that 81% of school age cigarette smokers eventually smoke marijuana. The statistics indicate, however, that most users are poly-drug users, taking whatever is available.

Cobb County students were asked how often they used cigarettes, beer, wine coolers, liquor, marijuana, cocaine, uppers, downers, inhalants, hallucinogens, or other drugs. The immediate concern was for those who used any of these substances regularly, that is, once a week, three times a week, or daily. The survey pointed out the following:

DRUG	DON'T USE	USE REGULARLY
cigarettes	75%	11%
beer	55%	10%
wine coolers	53%	7%
liquor	65%	5%
marijuana	87%	4%
cocaine	97%	less than 1%
uppers	95%	1%
downers	97%	1%
inhalants	96%	1%

hallucinogens	97%	less than 1%
other drugs	96%	1%

If these statistics are reasonably accurate, it means that close to 4,000 of Cobb students drink alcoholic beverages regularly.

Research indicates that one in seven has a genetic predisposition toward the disease of chemical dependency. This disease which manifests itself over years in adults, progresses in a six to nine month period for those under 21 years of age. It seems to be twice as prevalent among males than females.

The parents of youngsters in our middle and high schools today are, for the most part, "baby boomers" born between 1946 and 1957, who grew up with the drug culture of the 1960's and early 70's. They are considered by some chemical addiction professionals as the most addicted and dysfunctional generation of parents in American history. Schools must now deal with the products of that generation. One in four school age children has a chemically dependent parent, addicted to alcohol or other drugs. This places students at high risk of becoming involved in using drugs.

WHAT SCHOOLS CAN DO

Prior to our school systems involvement with the federally funded program under part 2 of the Drug-Free Schools and Community Act of 1986 some progress was made in the prevention area working toward drug-free schools as follows:

a. a drug education curriculum at every grade level K-8 and in high school
b. system-wide policies which prohibit the use, possession, or sale of drugs on campus and at school sponsored activities.
c. greater involvement of school security officers
d. the use of under-cover agents posing as students on a periodic basis
e. a drug sniff dog program focusing on impersonal searches
f. limited participation of various law enforcement agencies and other community action groups
g. involvement with several national organizations: MADD, SADD, PRIDE, and JUST SAY NO.

Under the Drug-Free Schools and Community Act of 1986 the Cobb County Schools decided to focus primarily on an intervention program in resolving drug related problems of students while at school. This program was initiated in the Fall, 1987 by crisis intervention counselors Liz Jones and Mike Carpenter, Ph. D. Designed to provide direct assistance to families in crisis, the Crisis Intervention team works to:

a. identify students at risk in grades K-12.
b. intervene when a student and/or family is referrod
c. assess the extent of the problem

d. refer the family for services, ranging from education to free assessment by professionals
   NOTE: Twenty treatment centers and 10 counseling centers provide free assessments to those referred by the intervention team
e. provide case management and follow-up services

As cited above, one of the major goals of the Crisis Intervention Center is to identify at risk students. It is vital for parents and others to understand the definition of an "at risk student" so they can identify and refer troubled young people. A high risk or at risk student is under the age of 21 and uses chemicals. In addition, the student has exhibited or is exhibiting some or all of the following characteristics:

- is a child of a chemically dependent person
- is truant and a potential school dropout
- is sexually active
- is from a dysfunctional family
- is a victim of physical, sexual, or emotional abuse
- is in special education
- has committed violent or delinquent acts
- has attempted suicide
- has long-term physical pain
- has been a runaway
- has an eating disorder
- has been retained or administratively placed
- speaks English as a second language

To implement the program fully, Ms. Jones and Dr. Carpenter have now completed the task of training every school faculty and staff (77 schools) on the disease of chemical dependency, its progressive and chronic nature, the stages, and its hereditary predisposition. The persons trained include all who work directly with students - teachers, secretaries, counselors, principals, clerks, security officers, cafeteria staffs and custodians. Parents were also encouraged to participate in the orientation program.

Greater awareness in identifying at risk students has been magnified through offering in depth 50 hour courses during each of the past two summers for those who want to form support teams in schools. As a result, more calls for intervention have taken place. In the first year (87-88) approximately 500 students were involved with direct intervention. In 1988-89 more than 1000 students were processed. There has been an average of almost one crisis intervention per hour of every school day, more than 100 interventions per month.

An analysis of a typical month of interventions in Cobb County shows the following:

WHERE REFERRALS ORIGINATE

28 out of 100	students referred from elementary schools (K-5)
32 out of 100	students referred from middle schools (6-8)

40 out of 100	students referred from high schools (9-12)

RELATIONSHIP TO CHEMICAL DEPENDENCY

80 out of 100	have a family history of chemical dependency: a sibling, a parent or grandparent

NATURE OF THE REFERRAL

42 out of 100	depression (threatened or attempted suicide, self-destructive behavior, other)
24 out of 100	chemical use
17 out of 100	aggression (bizarre behavior, uncontrollable, other)
7 out of 100	abuse (physical, sexual, emotional)
10 out of 100	withdrawal, psychiatric, occult, other

The following are examples of a few of our referrals:

(1) a kindergartner, whose father is alcoholic, is depressed and wants to die.
(2) a 2nd grader brings vodka and orange juice in a thermos to school.
(3) a 6th grader showing bizarre behavior at school is placed in treatment for using cocaine and pot. The source of these drugs was the child's stepfather.
(4) a 5th grader attempts to hang himself in a tree in his front yard.
(5) Ten - 5th graders sit in the back of a science class and scratch their wrists with razor blades.
(6) an 8th grader overdoses by inhaling WD40 and ammonia. Eight of his classmates are hospitalized for depression the next day.
(7) a 9th grader carves an inverted cross the length of his chest.
(8) a 10th grade girl whose weight has dropped to 74 lbs, cuts herself with a razor blade while intoxicated, is depressed and tries to kill herself while driving a car.
(9) an 11th grader burns himself repeatedly under a sunlamp.

To better facilitate the intervening process and to get the parents and children help within 24 hours, the Intervention Center has formed a coalition of treatment hospitals and therapists in private practice. Members of the coalition meet monthly to serve the needs of the community. Members must offer a free assessment and be committed to providing service to the community. Free beds for indigent families and sliding scales are a by product of this involvement with Cobb Schools.

Intervening in situations that involve catastrophic kinds of events are also responsibilities of the intervention specialists. Cobb County has been publicized to have one of the highest suicide rates in the country. Since implementing our prevention, intervention and postvention components in January of 1988, there has not been a Cobb County student who was attending school that completed suicide. The previous year 1987 - six students ended their lives intentionally. It is known that 80% of all suicides are related to chemical use.

SCHOOL DRUG USE POLICY FOCUSES ON TREATMENT

The school system has a drug policy which prohibits the use, possession, or sale of drugs on campus and at school sponsored activities. First time offenders of the drug policy may reduce a 10 day school suspension to 4 days by attending the Metropolitan Atlanta Council on Alcohol and Drugs (MACAD) eight hour educational program called Substance Use Prevention and Education Resource (SUPER). This encompasses four two-hour sessions, generally during a two-week period for students and their parents or "significant other person" who could be a relative, guardian, or teacher. SUPER I includes factual information on substance use; legal and medical consequences; effective listening and communicating skills; student drug assessment; session evaluations; and anonymous student and parent surveys.

Second time offenders are scheduled to attend all sessions of the MACAD SUPER II Program consisting of eight two-hour sessions, plus suspension from school for 10 days. In addition, the student must receive a diagnostic assessment for chemical dependency. The results of this assessment must be provided to the Cobb County Crisis Intervention staff by the evaluating agency prior to readmission to school. If a student is admitted to a facility for treatment prior to the completion of the SUPER II Program, the remaining days of suspension may be cancelled.

For a third offense, a chemical dependency treatment program may be required before readmission is considered. However, the treatment program would not by itself guarantee the right to readmission.

To conclude, the chemical use problem is complex. Our school system believes that intervention and prevention efforts are a must. We must learn to identify at risk students as early as possible and work to keep them educationally involved, but the same time must serve as a bridge to treatment. If schools are successful in this regard they will have built the first leg of a three legged stool representing victory over drugs. Parents must make a commitment to be more responsible for the whereabouts and activities of their children when not in school. If successful, the second leg of the stool will be solid. The community must unite in its efforts to combat the drug problem. If so the three legged stool is complete, and victory over drugs will be achieved. We must remember that this is an ongoing process, should any leg weaken the stool will collapse.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Alcohol, Drug Abuse and
Mental Health Administration
Rockville MD 20857

For Release Only Upon Delivery

STATEMENT

BY

MARVIN SNYDER, Ph.D.

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NATIONAL INSTITUTE ON DRUG ABUSE

OF THE

ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

BEFORE THE

PERMANENT SUBCOMMITTEE ON INVESTIGATIONS

OF THE

COMMITTEE ON GOVERNMENTAL AFFAIRS

OF THE

UNITED STATES SENATE

ON

ADDICTION TREATMENT MEDICATIONS DEVELOPMENT

ATLANTA, GEORGIA

JUNE 28, 1989

Mr. Chairman and Members of the Subcommittee, I am Dr. Marvin Snyder, Director of the Division of Preclinical Research of the National Institute on Drug Abuse (NIDA) of the Alcohol, Drug Abuse, and Mental Health Administration. On behalf of Dr. Charles Schuster, Director of NIDA, I am pleased to come before you today to discuss our efforts to develop new medications for the treatment of addictive disorders.

The provision by Congress, in the Anti-Drug Abuse Act of 1988, of supplemental funds for the development of new pharmacotherapeutic approaches to the treatment of drug abuse has enabled NIDA to make this effort one of it's top research priorities. The reasons for this priority are obvious. The cost of drug abuse is staggering. Unfortunately, future costs in terms of lives and dollars will be even more burdensome with the spread of HIV/AIDS within the drug abusing population and with drug abusers serving as a source for the spread of the human immunodeficiency (HIV) virus into the heterosexual population. In addition, the enormity of the human tragedy resulting from fetal exposure to HIV and/or cocaine is increasingly being recognized. More than ever, there is a need for effective new medications as well as other new or traditional drug abuse treatments.

Drug abuse is a unique disease in which the individual seeks to alter, or indeed to "experiment" with, the functioning of the nervous system in an attempt to change how they feel and how they see the world. While the beginning stages of drug abuse can be seen as voluntary behavior, it is clear that drug abuse leads to fundamental changes in brain function such that the individual's focus is entirely dominated by obtaining and using drugs. One goal of treatment is to restore, to whatever degree possible, normal brain

activity. From a biological perspective, the development of effective treatment strategies for drug abuse requires advances in knowledge of the neural bases of the individual components involved in this disease, such as craving, euphoria and dysphoria, compulsivity, learning and memory, risk-taking and sensation seeking, and tolerance and dependence. Fortunately, significant progress has been made in unraveling the internal physiological processes mediating these behaviors. This knowledge gives us hope that we will be able to develop new, effective medications.

I pointedly use the word "medication" rather than "drug" development, for that is what we propose to develop. We have been unduly burdened by the fact that we do not have different words to refer to chemicals used for treatment as opposed to those being abused. Other languages, such as French, make this distinction quite clearly. Unfortunately, semantics sometimes get in the way of reality and there are those who say you should not use drugs to treat drug abuse. Nothing, of course, could be further from the truth. As I just mentioned, we will be developing therapies to restore some normality to brain function disrupted by the abuse of drugs. I will be using the word medication to help keep the approach and the distinction between abused drugs and medications clear.

Drug abuse research has led to fundamental insights into the understanding of drug-receptor interactions, the structure-activity relationships of drugs and the brain, and mechanisms underlying brain toxicity. With this information and utilizing state-of-the-science technological advances in a wide variety of areas including molecular biology, brain imaging techniques, and

computer-aided medication design and modelling, we plan to develop medications that:

1) Are equally efficacious therapeutically but have less negative effects than those currently available (e.g., a non-addictive morphine substitute)

2) Block the behavioral and physiological effects of abused drugs

3) Reduce the craving for abused drugs

4) Moderate and/or eliminate the process of withdrawal

5) Block and/or reverse the toxic effects of abused drugs.

Unfortunately, the development of pharmacotherapies for the treatment of drug abuse has not received significant support from the pharmaceutical industry because of problems with either the marketability or the profitability of some medications. First, drug dependent people are a group of sick people who do not necessarily seek treatment and indeed, may actively avoid it. Thus, they may be seen as a limited potential market for anti-drug abuse medications. Research on this population is difficult and is not attractive to many investigators. Second, prior to the current cocaine epidemic, the number of drug abusers, while large, was not of sufficient size to be economically rewarding to pharmaceutical manufacturers since the profit potential of new treatments was not great. Furthermore, there is a belief in the pharmaceutical industry that both the distribution of and reimbursement

for new medications are likely to be carefully controlled, further reducing their wide spread use. Third, some medications that could be developed are either off patent or about to come off patent. Lack of patent protection may significantly affect the profitability of new medications. Fourth, many pharmaceutical companies are concerned about having their product line and the company name associated with "junkies" in the public's mind. Fifth, many pharmaceutical companies are concerned that introducing a product into the drug abusing population will decrease the market for the product's other potential uses. The product, for example, may be placed in what is to them an unacceptable schedule under the Controlled Substances Act, or its use may be severely restricted, like methadone, which is a synthetic opiate used in the treatment of opiate dependence. Finally, pharmaceutical manufacturers are concerned about a whole variety of liability issues, some of which may be unique to drug abusers, e.g., being sued for creating a "substitute addiction." While some of the concerns may be overrated, others are real. The liability associated with the development of treatment medications for pregnant drug abusers, for example, must be considered by even the most compassionate and concerned corporate officers.

The incentives of the Orphan Product Act, AIDS, and the size and demographics of the cocaine epidemic are factors serving to change this situation. We have been pleased to see in the past year significant interest in medications development for drug abuse from several pharmaceutical companies. It is nonetheless clear that significant Federal leadership is required in this area, leadership that the Department of Health and Human Services, ADAMHA, and NIDA plan to provide by a long-term commitment to the development of medications for the treatment of drug abuse.

Let me give you a brief background on what has been done to date and what is planned for the future. NIDA had a small pharmaceutical development program in the 1970s and we tried to develop 2 medications, (L)-Alpha Acetylmethadol (LAAM) and naltrexone. As a result of a cooperative effort between the Federal government and the private sector (Dupont), one of those drugs, naltrexone, has an approved New Drug Application (NDA) and is now on the market. No pharmaceutical company was willing to develop LAAM, and we are currently trying to find a contractor to develop this medication. The success or failure of our new pharmaceutical development program will be entirely dependent on our ability to establish cooperation and collaboration with the academic community on the one hand and the pharmaceutical industry on the other. We need the academic community to come up with new ideas and approaches to the treatment of drug abuse and we need the pharmaceutical industry for this reason as well as their expertise in the process of medications development.

Beginning this year and continuing as a major priority, NIDA is establishing a research program specifically seeking to identify new medications for drug abuse treatment. We are quite mindful of the fact that many of the chemicals that will be identified and/or synthesized will, through their central nervous system actions, have potential value for other disease conditions and we are working closely with both the National Institute on Alcohol Abuse and Alcoholism, the National Institute of Mental Health, and the National Institutes of Health so that these opportunities will not be lost. This effort is an evolving process but has several different aspects.

Compounds high on the list for evaluation will be derived from a comprehensive database that NIDA is developing about chemical entities which have central nervous system activity. The chemicals in the database will include pre-existing compounds as well as compounds developed on the basis of structure-function activity, computer-aided medication design, knowledge of receptor pharmacology, and knowledge of the functional bases of drug reward, euphoria, dysphoria, and dependence.

New potential medications that meet our basic pharmacological parameters for candidate treatment agents will then be evaluated for potential efficacy and safety in animal models. Specific relationships concerning the government role in testing and evaluation of compounds and the use of the data generated are being developed.

Three issues surrounding the potential toxicity of new compounds are of particular concern. First, since we will be dealing with medications that target the brain and in view of recent findings concerning the potential brain toxicity of a variety of drug classes, we will be paying particular attention to both the acute and long-term effects of candidate medications. Second, the medications that we are developing are being targeted at patients who because of their drug-related behaviors are either HIV seropositive or at high risk of exposure to HIV. We are particularly concerned about not exposing these people to anything that might accelerate the clinical course of the disease or increase the probability of clinical HIV infection. Given the limited knowledge of the natural history of AIDS and the role of co-factors in the disease, it is not clear how we will do this, but it is an area of significant priority that we are examining. Lastly, we are facing

another unusual situation in developing medications for the treatment of drug abuse. Since the disease itself involves the self-administration of a drug which, in the case of cocaine, may produce a fatal acute reaction, and because a number of candidate treatment agents might potentiate these effects if taken with cocaine, the FDA has raised the issue of requiring drug interaction studies to show safety. Given the myriad potential interactions of drug, dose, method of administration, etc. possible, it is a very difficult problem to resolve. We are working closely with the FDA around this issue.

One problem common in medicine that is particularly critical in drug abuse therapy is patient compliance with treatment. To address this problem, NIDA will continue to expand its efforts to develop new long-acting dosage forms and dosage forms with limited abuse potential. Currently, research is being undertaken for the development of a clinically useful depot (i.e., long-acting) preparation of naltrexone to provide blockade for a period of one month in humans. Research is also being encouraged for oral muco-adhesive products, skin patches, and other delivery systems that will help patients stay on their medications and prevent diversion.

The abuse potential of some new medications may be modified by making preparations that are effective when swallowed and ineffective if they are ground up and injected. This can be done by formulating them into rapidly dissolving pills that cannot be "saved" in the mouth and later used for injection, or by a "binary" approach to treatment whereby two different medications are needed for the therapy to work. One part of this treatment

could be carefully controlled in the clinic and the second part could be allowed for as home medication.

In terms of clinical trials, NIDA plans to establish dedicated clinical units for the sole purpose of evaluating new medications and conducting the necessary clinical trials for phases I and II of the drug development process. We also plan to establish master agreements with a variety of pharmaceutical firms who would agree to take promising new drugs through phase III clinical trials, NDA application and approval, and market the drug in exchange for exclusive rights to the compound for the treatment of drug abuse. In other words, NIDA could, under some conditions, perform all necessary preclinical and phase I and phase II clinical studies and transfer these data to a pharmaceutical firm willing to complete the NDA process and market the drug. This approach has been used successfully before at both the National Cancer Institute and the National Institute of Neurological and Communicative Disorders and Stroke, and we are hopeful that it can work for us.

In the few minutes left, I would like now to briefly mention some ongoing work in medications development that is of particular interest.
First, let me mention methadone. Methadone is a very effective medication for the treatment of opiate addiction. It is an orally active replacement therapy for heroin which allows a former heroin addict to stabilize his or her life, hold a job and maintain family relationships, and receive appropriate psychological and vocational counselling. Nowhere is this more clear than in the data showing differential HIV infection rates in those successfully maintained on methadone as opposed to those not in treatment.

However, there is some public feeling against the use of methadone, so we are trying to develop alternative medications which we hope will improve the acceptability of agonist (replacement) therapy. We are renewing our efforts to develop LAAM (a long-acting opiate replacement drug with limited abuse potential) and are seeking a contractor to evaluate the existing data and determine what more has to be done to obtain an NDA for this agent so it can reach the marketplace.

Of perhaps greater interest is buprenorphine, a medication providing both agonist and antagonist (blocker) effects in a single dosage form, which is being actively studied both by extramural scientists and at NIDA's own Addiction Research Center. Buprenorphine is a classic example of the difficulties of medications development in the treatment field. It is a potentially useful medication that the manufacturer is unwilling to develop for the treatment of drug abuse because of the possible adverse economic impact of such development. Without going much into further discussion of the proprietary problems associated with the medication, let me say that if the promise of the drug continues to be realized, we will move forward with its development within the context of the new pharmacotherapeutics program.

I've already mentioned depot naltrexone and we are looking forward to clinical trials in about a year and one half. Depot dosage forms of treatment medications may provide a powerful public health tool in the 90s.

Lastly, we are beginning to see some hopeful signs in regard to cocaine addiction treatment. In addition to desipramine (an antidepressant that shows potential to decrease cocaine craving), preliminary studies of several

new compounds show some promise for helping cocaine addicts. These include the medications carbamazepine and flupenthixol, which may interfere with craving. We can only hope that future controlled trials continue to be positive.

In conclusion, NIDA and ADAMHA are committed to this new program of medication development. Drug development is a long and expensive process, and success is likely to be years, if not decades, away. However, even when new medications are developed and approved, we cannot fool ourselves into thinking that these will be "magic bullets." Drug abuse is a chronic, recurring disease more akin to arthritis and diabetes than to a broken arm or a simple infection. We are trying to treat and control the disease, and medications are a valuable part of that process. The medication may help the patient in the immediate physical sense, but comprehensive treatment involves counseling, therapy, vocational training, and other services. Someone, especially a young person, who loses four years of life to drug addiction, is not going to be "normal" merely because he or she no longer takes drugs. Significant attention must be focused on that individual and the development of other effective treatments. Finally, and ultimately, we must ask ourselves what it is about contemporary society that has led to the demand and unfortunate level of societal acceptance of drug abuse and that must be corrected if we are to achieve success in ridding the nation of this scourge. We must do all in our power to change this attitude of acceptance to an attitude of intolerance to drug abuse.

I would be pleased to respond to any questions.

Senate Permanent Subcommittee
on Investigations
EXHIBIT # 1

The following strategies will accomplish the goal of:

REDUCTION OF DEMAND BY THE DISRUPTION OF THE MARKET PLACE.

STRATEGY	CHAMPION(S)
By seizing real property associated with the sale and distribution of drugs.	Joan Wooley
Through community organizations that assist law enforcement agencies against drug use.	Larry Benton Bettijo Trawick
Through the organization of a "Drug Free Youth Club."	Larry Benton
Through a policy adopted by home owners and real estate companies to screen prospective rental clients, and to identify drug dealers and their organizations, and thereby deny them rights to use the property for illegal gains.	MAJ Singleton Larry Benton
Through the use of television programs similar to "Crime Stoppers" and through Public Service Announcements during prime time on all television and radio stations.	Joe Pasquesi
Through the use of Public Service Announcements, billboards, radio spots.	Linda Howard
By conducting traffic stops in known "high traffic" drug areas.	Chief Brooks Sheriff Wilkes
By targeting local drug "king pins".	Chief Brooks Sheriff Wilkes
Through the use of a "hot line".	Chief Brooks Sheriff Wilkes

The following strategies will accomplish the goal of:

REDUCTION OF DEMAND THROUGH EDUCATION.

STRATEGY	CHAMPION(S)
To include education against the use of drugs in all vocational training.	Bill Barnes
To develop a core curriculum in the Bibb County Public Schools that instructs students on the perils of drug abuse.	Dr. Tom Hagler
To educate against the use of drugs through the DARE Program in the eleventh and twelfth grades.	Dr. Tom Hagler
To increase the Macon S.A.F.E. Program in all schools.	Minton Williams
To develop an awareness campaign aimed at parents, teachers and employers on the warning signs of drug use and the importance of early intervention.	Linda Howard

The following strategies will accomplish the goal of:

REDUCTION OF DEMAND THROUGH USER ACCOUNTABILITY.

STRATEGY	CHAMPION(S)
To make drug users accountable through pre-employment drug screening by all local governmental entities.	Emory Greene Charlie Howell
To make drug users accountable through pre-employment drug screening by all Macon and Bibb County businesses.	George Halford
To make drug users accountable by developing a streamlined system to seize assets of drug users.	Chief Brooks Joan Wooley
By identifying, targeting and incarcerating drug users	Chief Brooks Sheriff Wilkes

The following strategies will accomplish the goal of:

REDUCTION OF DEMAND THROUGH TREATMENT.

STRATEGY	CHAMPION(S)
To develop user funded alternative treatment programs.	Cecil Baldwin Rodney Smith
To develop a treatment plan that addresses the current and anticipated need and to reduce recidivism.	Cecil Baldwin Rodney Smith

APPENDIX I
Senate Permanent Subcommittee on Investigations
EXHIBIT # 2

TEXTRON

BUSINESS CONDUCT GUIDELINES

GUIDELINE A-5
POLICY ON DRUG ABUSE AND CONTROLLED SUBSTANCES

THE MANUFACTURE, DISTRIBUTION, DISPENSATION, POSSESSION, SALE OR USE OF CONTROLLED SUBSTANCES OR ILLEGAL DRUGS IN THE WORKPLACE IS PROHIBITED.

Textron and its divisions will take reasonable steps to ensure that drug abuse does not occur at any of their facilities and to comply with applicable law and administrative regulations mandating maintenance of drug-free workplaces. An employee who uses illegal drugs creates a risk of serious danger to the safety, security and health of not only himself or herself, but innocent co-workers, customers and members of the public.

STATEMENT OF POLICY

Under Textron's policy, all employees of Textron, its divisions and subsidiaries are prohibited from:

1. Manufacturing, distributing, dispensing, selling, possessing, or using a controlled substance or illegal drug on Company property, in Company vehicles, or while off the premises performing work for the Company; or

2. Reporting for work or performing work under the influence of a controlled substance or illegal drug; or

3. Using Company property or one's position to facilitate the manufacture, distribution, sale, dispensation, possession or use of a controlled substance or illegal drug.

It is a condition of employment that all employees subject to this policy abide by its terms.

TEXTRON

BUSINESS CONDUCT GUIDELINES

SEARCHES IN THE WORKPLACE

Where appropriate, the Company shall invoke its right, to the extent not prohibited by law, to require the employee to submit immediately to a search of his or her vehicle, desk, cabinet, locker, lunch box, brief case, purse, wallet, packages, personal possessions, or other items on the premises which he or she has or has access to or, where circumstances require, to a search of his or her person by a supervisor or manager of the same sex.

Refusal to agree to a lawful search or inspection requested by the Company is considered insubordination and grounds for disciplinary action as deemed by the Company to be appropriate, including termination.

TESTS

If the Company has reasonable cause to suspect that an employee is violating this policy, or that an employee has, through his or her own conduct, contributed to an accident or injury at work, the Company may require the employee to submit (unless prohibited by state or local law) to a medical examination or blood, urine, or other medical tests to be conducted by a qualified clinic, laboratory, or physician of the Company's choosing and at a reasonable time and place determined by the Company.

Any employee with access to classified information or who is working in a category designated by the Company as involving national security, health or safety, or in a position involving a high degree of trust and confidence, may be subject to a random drug test on a reasonable and periodic basis. A limited number of employees in these categories will be selected upon neutral selection criteria on each occasion when such testing is conducted.

NOTICES OF CONVICTIONS

An employee who is convicted or pleads nolo contendere under a criminal drug statute for a violation occurring in the workplace must notify the local Human Resources Officer no later than five days after such a conviction or plea. A criminal drug statute is any law, federal, state or local, which makes unlawful the manufacture, distribution, dispensation, use or possession of any controlled substance. Failure to notify the Company of such a conviction or plea may be grounds for disciplinary action, including termination.

TEXTRON

BUSINESS CONDUCT GUIDELINES

DISCIPLINE

An employee who engages at work in the illegal manufacture, distribution, dispensation, sale or use of a controlled substance or illegal drug, who is found on Company property to be in possession of such a substance or drug, or who is convicted under a criminal drug statute for a violation occurring on the Company's premises, in a Company vehicle or off premises while on Company business, may be terminated immediately.

Appropriate disciplinary action for other violations of any other aspect of this policy will be based upon the circumstances. The nature and severity of the discipline will be determined at the sole discretion of the Company and may include an oral or written warning, suspension, probation or immediate termination. Violation of any aspect of this policy may result in notification to law enforcement agencies and to any federal agency with which the division or subsidiary has a contract.

If an employee is in violation of this policy under circumstances which do not result in immediate termination, and is found to be dependent upon or to have used or been under the influence of such a substance or drug, the local Human Resources Department will provide the employee with information about local sources where the employee may receive drug counseling or rehabilitation, including referral to any available company-provided employee assistance programs. Depending upon the circumstances, the Company may, at its option, suspend disciplinary action in such a case and allow the employee to participate in drug counseling, rehabilitation, or an employee assistance program for the purpose of enabling the employee to overcome any dependency and cease the prohibited conduct.

An employee who elects such participation may have any disciplinary action deemed appropriate by the Company suspended while counseling, rehabilitation or assistance programs are being utilized. An employee who declines to participate in, or fails to complete drug counseling, rehabilitation, or an employee assistance program in lieu of disciplinary action, or an employee who, having successfully participated in such a program, again engages in conduct prohibited by this policy, is subject to disciplinary action, which may include immediate termination, without further recourse to a treatment program.

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PRESCRIPTION DRUGS

Any employee who is using a prescribed drug for any medical or other condition which might impair the ability to perform his or her job or might create a safety hazard should discuss the matter with his or her immediate supervisor. The supervisor will determine whether the individual can safely work while taking the medication. If it is determined that the individual is unable to perform his or her job without impairment caused by the medication, the employee will be directed not to work until the condition for which such medication is being taken is no longer present or use of medication causing impairment is discontinued.

EMPLOYEE ACKNOWLEDGMENT

Each employee who is subject to this policy will be furnished a copy and be required to sign a statement stating that he or she has received, reviewed, and understands this policy.

DRUG-FREE AWARENESS PROGRAMS

Each Textron division will maintain a drug-free awareness program which informs employees about (i) the dangers of drug abuse in the workplace; (ii) the contents of this policy; (iii) any available drug counseling, rehabilitation and employee assistance programs; and (iv) the discipline that may be imposed upon employees for drug abuse violations. The program will incorporate such measures for communication to employees as determined suitable to the circumstances of the unit, and may utilize employee group meetings, newsletters or other written materials.

JOB APPLICANTS

It is the policy of Textron not to hire individuals who use any illegal drug or controlled substance without a medically acceptable prescription. Therefore, to the extent not prohibited by applicable law, all applicants will undergo appropriate drug screening as part of their pre-employment evaluation. Applicants who test positive will not be hired, but may re-apply.

TEXTRON

BUSINESS CONDUCT GUIDELINES

Each job applicant is required to sign a notice and acknowledgment in the form attached to this policy, consenting to such a pre-employment drug screen and authorizing disclosure of the results to Textron.

LIMITATIONS TO THIS POLICY DUE TO NATIONAL, STATE OR LOCAL LAW

This policy applies to all employees of Textron and its divisions, subsidiaries and controlled affiliates, except to the extent of any inconsistency with national, state or local law.

CONFIDENTIALITY OF INFORMATION

Information regarding the use of drugs by any individual or the testing results of any job applicant or employee will be maintained in confidence by Textron to the extent practicable. Such information may be disclosed to governmental or law enforcement authorities, supervisory or managerial personnel, consultants or physicians who have a legitimate need to know in connection with the disposition of disciplinary matters, the administration of this policy, or as required by law. In the case of represented employees, information concerning drug usage or test results may be communicated to Union representatives who are responsible for the processing of any grievance protesting disciplinary action taken by the Company.

CONTROLLED SUBSTANCES DEFINED

A controlled substance is one listed in Schedules I through V of Section 202 of the Controlled Substances Act, 21 U.S.C. 812. The lists are available in Human Resources Departments.

INTERPRETATION

The Textron Human Resources Department and those of Textron divisions and subsidiaries will provide interpretation of this policy in non-legal matters. The Office of the Textron General Counsel and division counsel will provide interpretation of legal matters.

APPROVAL

This policy was approved by the Administrative and Management Committee of Textron on March 6, 1989.

TEXTRON

BUSINESS CONDUCT GUIDELINES

EMPLOYEE AGREEMENT TO COMPLY WITH TEXTRON'S POLICY ON DRUG ABUSE AND CONTROLLED SUBSTANCES

I, the undersigned, an employee of Textron, acknowledge that I have received, read and understand the Company's Policy on Drug Abuse and Controlled Substances. I have had an opportunity to have any aspect of the Policy which I did not understand explained to me. I understand that the Policy is a term and condition of my employment and that violation of the Policy or any aspect of it may result in my termination. I agree to sign any documents that may be necessary in order to permit release of a disclosure to the Company of any medical examination or medical tests for controlled substances or drug abuse.

Dated: _____

By: _____
Employee Signature

Witness: _____

TEXTRON

BUSINESS CONDUCT GUIDELINES

NOTICE TO JOB APPLICANT OF TEXTRON'S EMPLOYMENT DRUG SCREENING POLICY AND AGREEMENT

I acknowledge that I have been informed that Textron requires each job applicant to submit to blood, urine or other medical examinations for controlled substances and drugs to be conducted by a health facility, medical or testing clinic or laboratory or physician selected and paid for by the Company. I agree to submit to such examination or tests and hereby authorize release and disclosure of the results to Textron. I further acknowledge that any test results which show the presence of a controlled substance, in the absence of a medically acceptable prescription, or illegal drug will result in denial or termination of employment. I agree to sign any documents that may be necessary in order to permit release of and disclosure to the Company of any medical examination or medical tests for controlled substances or drug abuse.

By signing this document, I agree that, if employed, I will be subject to the terms of Textron's Policy on Drug Abuse and Controlled Substances.

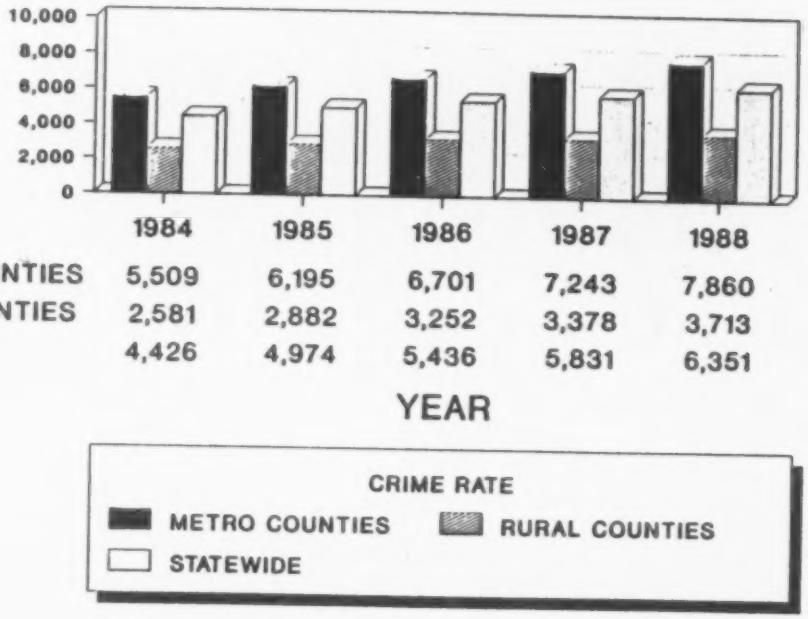
Dated: _____

_____
Applicant

Senate Permanent Subcommittee
on Investigations

EXHIBIT # 3a

METROPOLITAN/RURAL 1984 - 1988 INDEX CRIME RATES



	1984	1985	1986	1987	1988
METRO COUNTIES	5,509	6,195	6,701	7,243	7,860
RURAL COUNTIES	2,581	2,882	3,252	3,378	3,713
STATEWIDE	4,426	4,974	5,436	5,831	6,351

YEAR

SOURCE: GBI/GCIC

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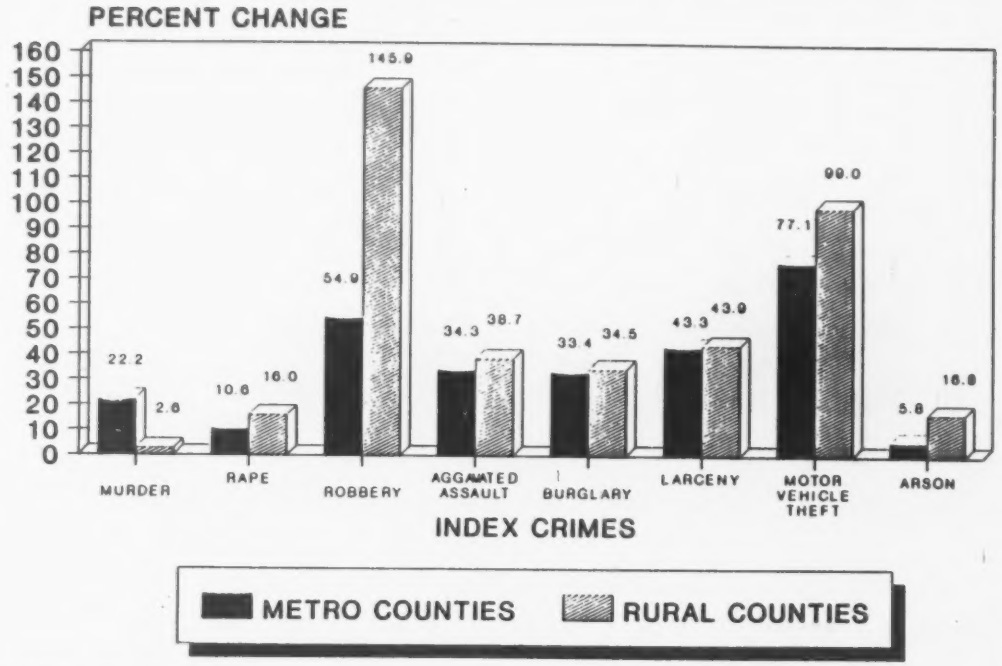
on Investigations

EXHIBIT # 3 b

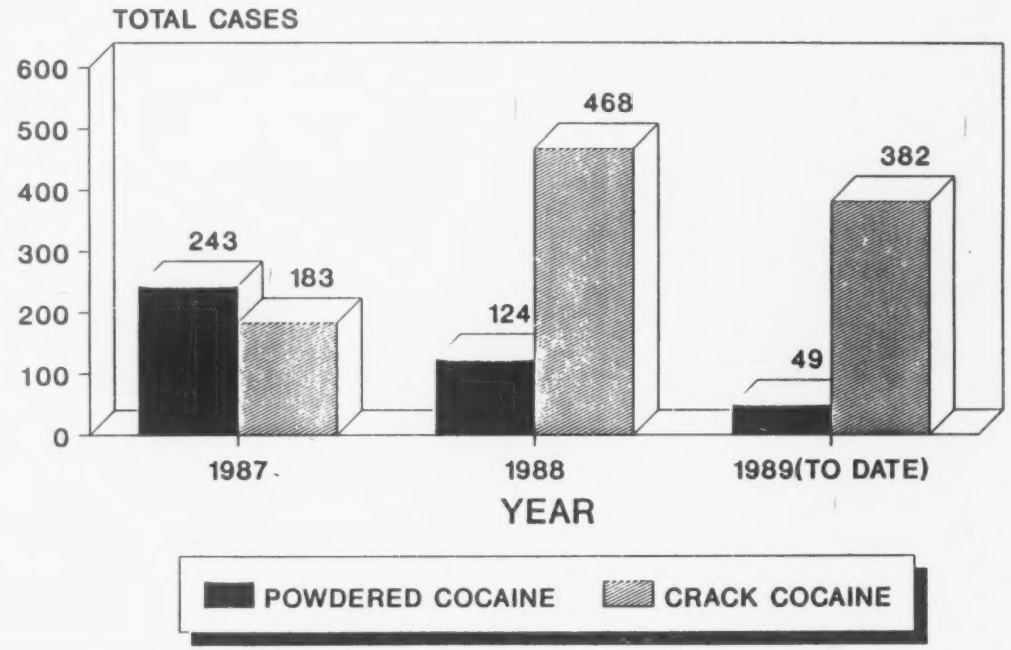
INDEX CRIMES, 1984-1988
PERCENT CHANGE - METRO/RURAL AREAS



SOURCE: GBI/GCIC

Senate Permanent Subcommittee
on Investigations
EXHIBIT # 3 c

LOCAL VIOLATORS SQUAD CASES
POWDERED COCAINE/CRACK 1987 - 1989



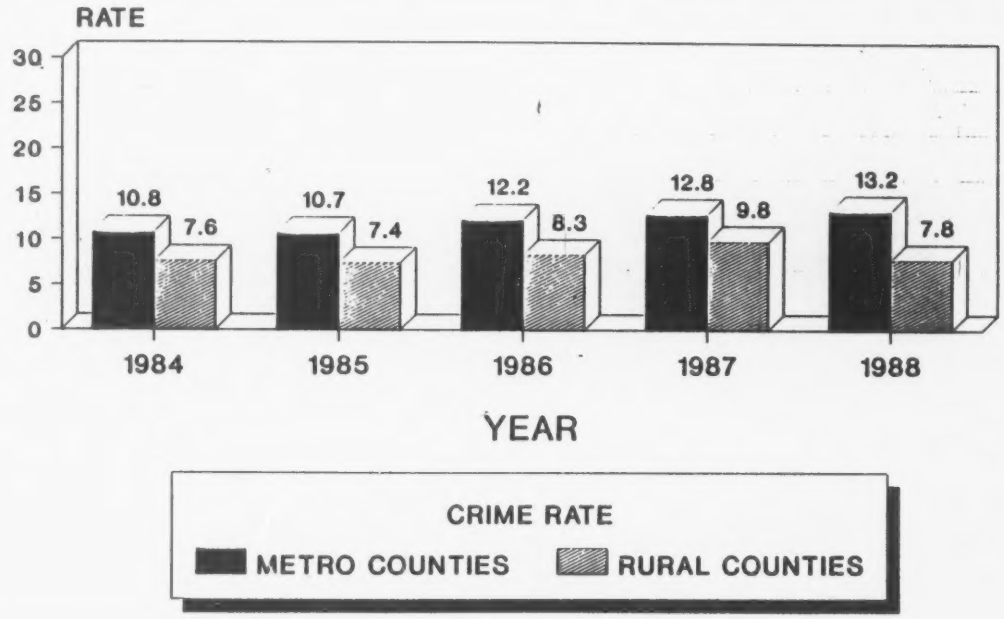
SOURCE: GEORGIA BUREAU OF INVESTIGATION

Senate Permanent Subcommittee
on Investigations

EXHIBIT # 3 d

MURDER 1984 - 1988

CRIME RATE - METRO/RURAL AREAS



SOURCE: GBI/GCIC

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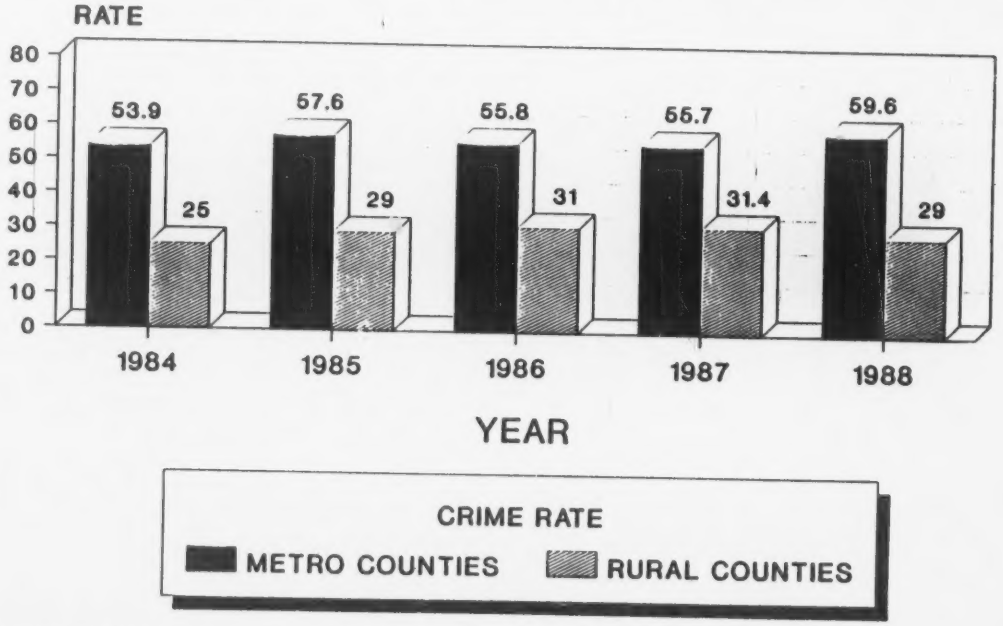
EXHIBIT # 3 e

RAPE 1984 - 1988
CRIME RATE - METRO/RURAL AREAS



SOURCE: GBI/GCIC

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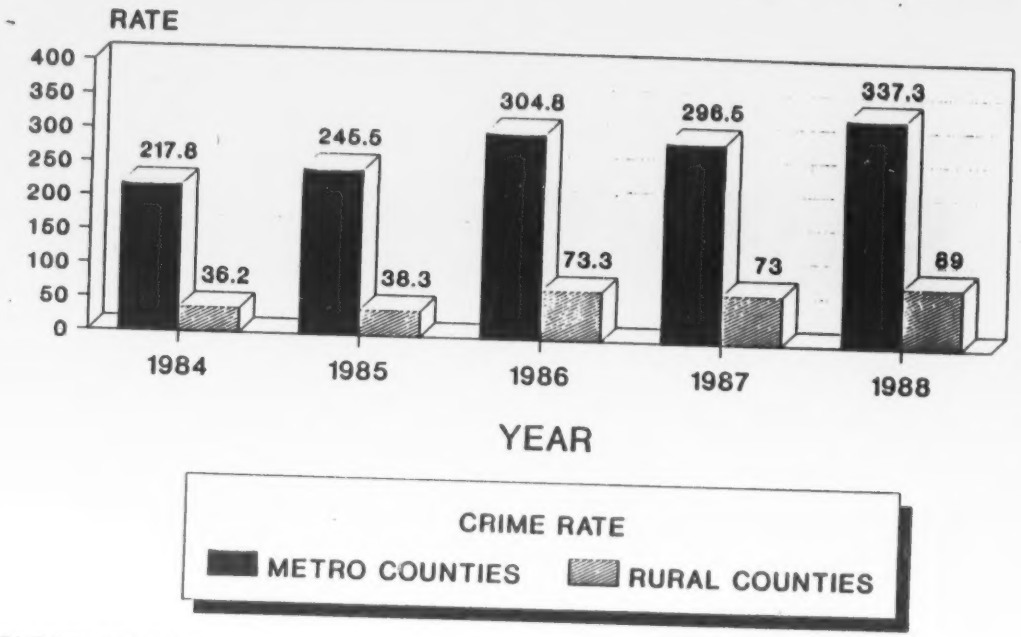
EXHIBIT # 3 f

ROBBERY 1984 - 1988
CRIME RATE - METRO/RURAL AREAS



SOURCE: GBI/GCIC

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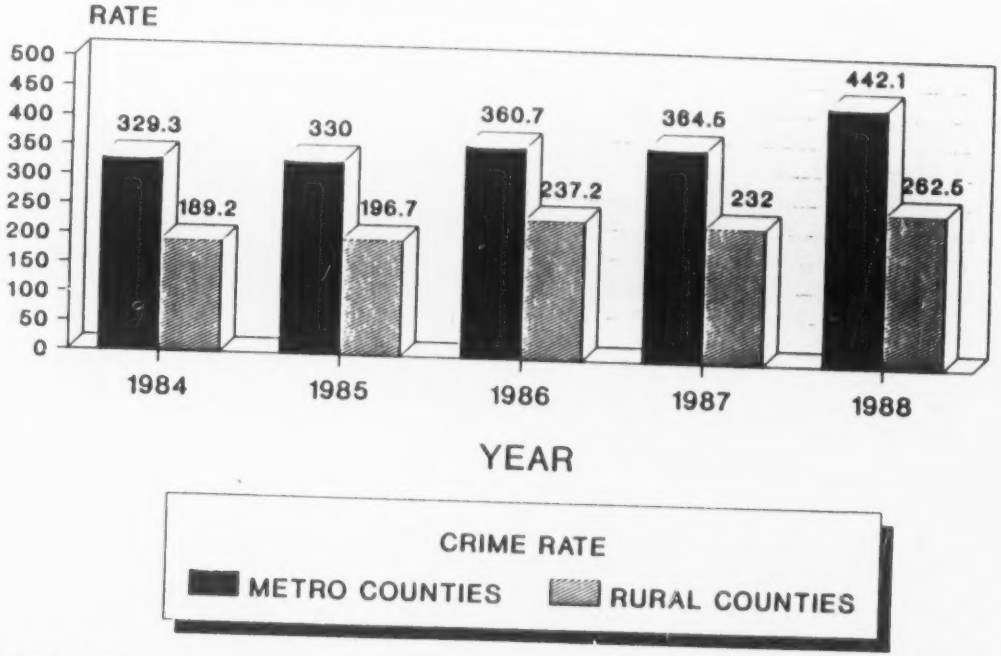
EXHIBIT # 39

AGGRAVATED ASSAULT 1984 - 1988
CRIME RATE - METRO/RURAL AREAS

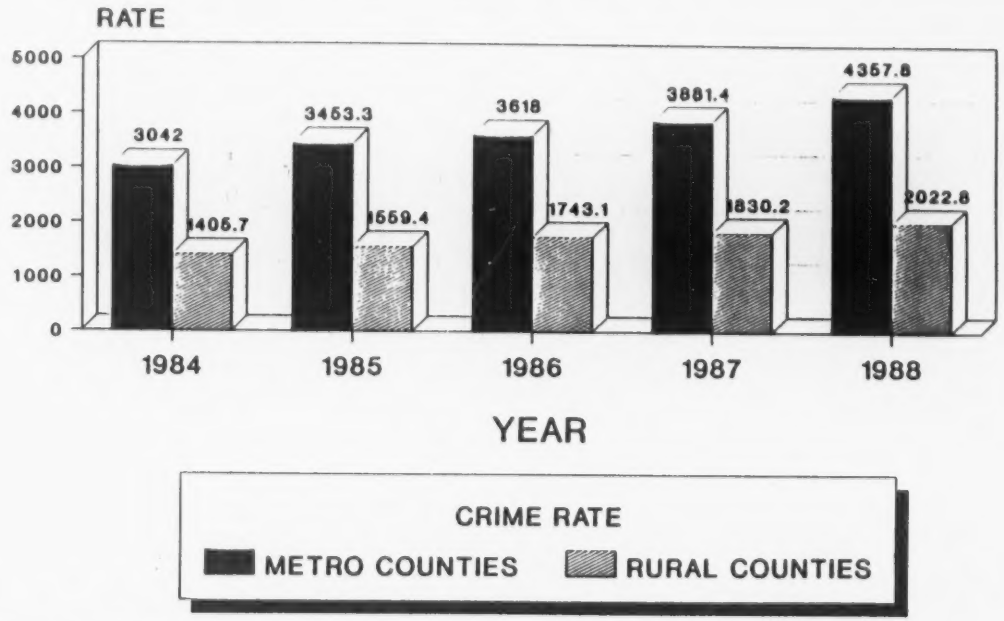


SOURCE: GBI/GCIC

Senate Permanent Subcommittee
on Investigations

EXHIBIT # 3 h

LARCENY 1984 - 1988
CRIME RATE - METRO/RURAL AREAS



SOURCE: GBI/GCIC

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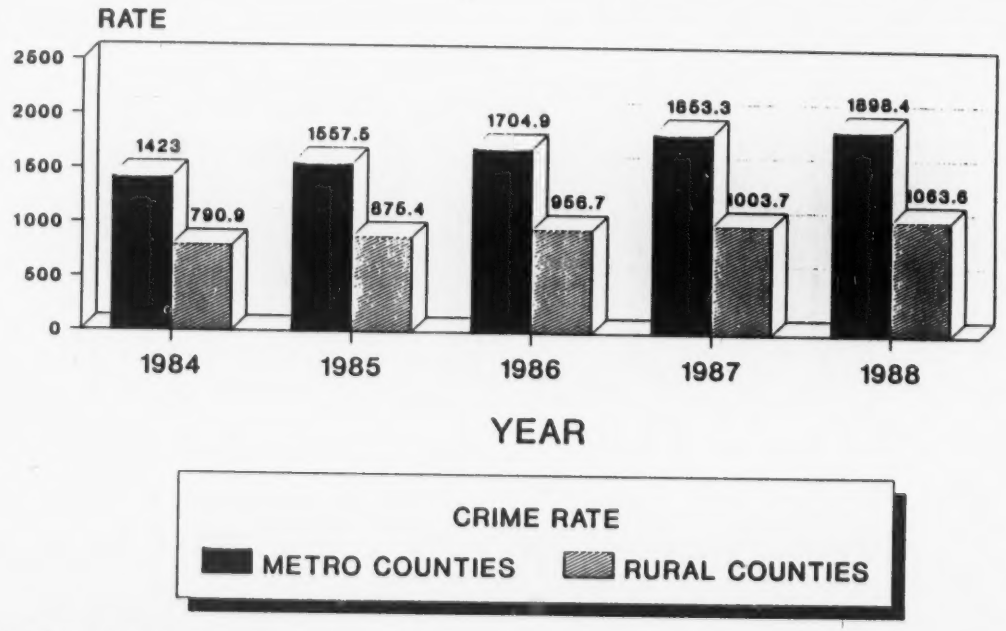
on Investigations

EXHIBIT # 3 i

BURGLARY 1984 - 1988
CRIME RATE - METRO/RURAL AREAS



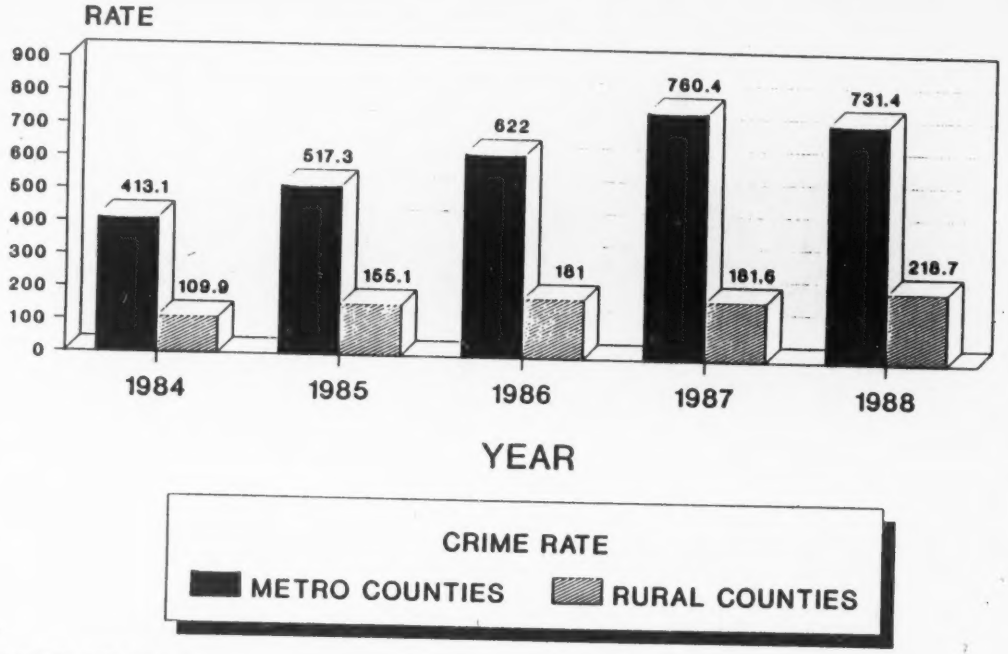
SOURCE: GBI/GCIC

Senate Permanent Subcommittee
on Investigations

EXHIBIT # 3j

MOTOR VEHICLE THEFT 1984 - 1988

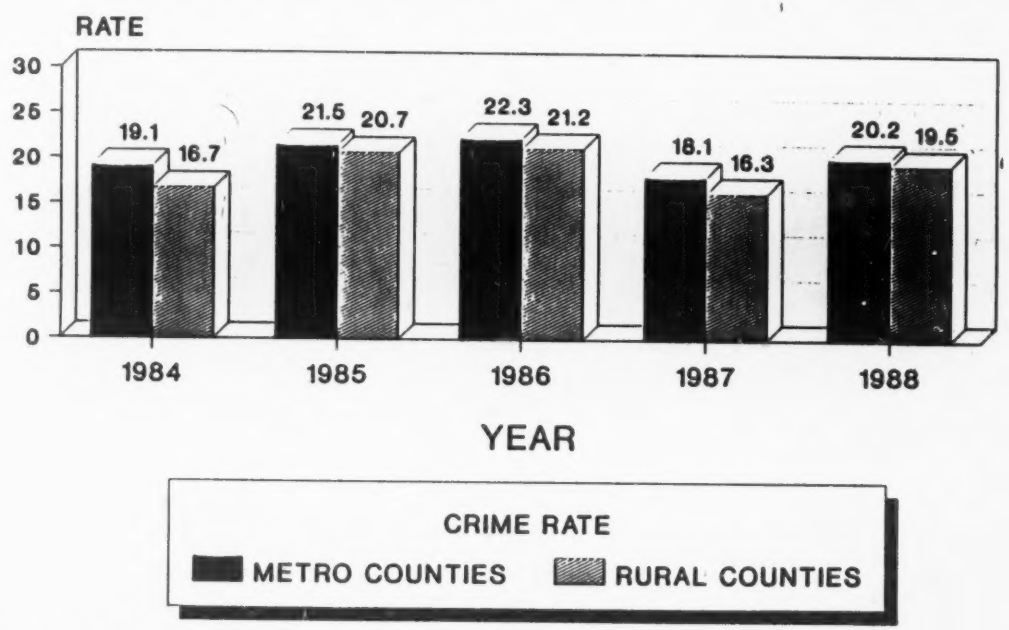
CRIME RATE - METRO/RURAL AREAS



SOURCE: GBI/GCIC

Senate Permanent Subcommittee
on Investigations
EXHIBIT # 3 k

ARSON 1984 - 1988
CRIME RATE - METRO/RURAL AREAS



SOURCE: GBI/GCIC

Jim Brooks
CHIEF OF POLICE

CHARLES W. BISHOP
DEPUTY CHIEF OF POLICE

MACON POLICE DEPARTMENT

Majors
ROBERT ALLEN
DETECTIVE DIVISION
E. S. EVANS, JR.
POLICE SERVICES
KENNETH D. HAGOOD
PATROL/TRAFFIC DIVISION

June 21, 1989

Senate Permanent Subcommittee on Investigations
EXHIBIT # 4

Mr. David B. Buckley
Staff Investigations
United State Senate
100 Russell Building
Washington, D. C. 20510

Dear Buck:

After giving your request some thought, I have come up with the following comments:

- Clear guidelines of responsibility should be established with goals and objectives for the three divisions of government; Federal, State, and Local.

  The Federal jurisdiction can obviously have the greatest impact on king pins and major drug cartels. Certainly, their military resources can be plowed back to assist civil authorities. I do not infer that military intervention should be a top priority from the perspective of making an arrest, but everything short of that should be considered appropriate funding for Federal agencies such as DEA, FBI, Coast Guard, and Coast Customs should be considered essential.

  There seems to be a real commitment in Georgia from the state level as far as the War on Drugs is concerned; however, state agencies should make this a top priority, whether we are talking about treatment, education or state level law enforcement.

  Finally, local governments are inundated by citizen requests. Many of these requests are being brought forward by individuals who would, at other times, never consider contacting or cooperating with the police. Local police departments should be capable of focusing on local thugs and king pins all the way down to the street level drug

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dealer, and continuing to focus on a primary goal of user accountability.

- Coordination between these agencies should be a top priority. Whatever activities, such as joint seizures and forfeitures should continue. Road blocks that lie in the way should be struck down at the federal level. Federal prosecutors should be encouraged to focus a tremendous amount of effort on prosecution of individuals who are associated with drugs or drug related crimes. But here again, I believe that coordination should be top priority.

- Funding: I believe funding is a major part of the War on Drugs. As we look at the local governments, we see that approximately 23% of the total budget in the City of Macon, and similar cities is going toward providing law enforcement services. Obviously, all these funds are not going to the War on Drugs, but there are so many related crimes that much of this 23% is going to drug related crimes, or to the drug war itself.

  As we look at federal funding, the total Federal Criminal Justice System costs less than 7% of the total budget. This figure ranges from 6.7% to 10%, depending on which publication you read. A true commitment, with the dollars to back it up, should be achieved.

- There are three major areas that we must focus on if we wish to accomplish any goals in the War on Drugs. There cannot be a priority in any of the following areas, but it must be a simultaneous effort on all fronts to see that the ends are accomplished:

  1. Education: Obviously, education is the element that will bring us out of the present dilemma. Appropriate funding and programs must be established.

  2. Treatment: Certainly, if we cannot convert some of the nine million, plus people who are presently using drugs, we, as a nation, will continue to have an insatiable appetite for illegal drugs.

  3. Law Enforcement: Law enforcement includes everyone from the U.S. District Attorney's office to the courts, including corrections, as well as the patrol officers on the street, and everyone in between. Law enforcement has become very effective in making drug arrests. However, we simply overload the federal, state and county jail systems.

     When we have a search warrant, which we serve on an individual for five counts of selling cocaine on the street, before we can get the search warrant completed, the suspect has been booked into the Law Enforcement

Center and is actually back out on the street before the search warrant is completed. This is not an unusual or unique circumstance, but one that occurs frequently in our community.

4. Prison Overcrowding: It would be difficult to discuss the problems of a drug infested society without discussing jail overcrowding. I have already alluded to this point, and I am capable of discussing it further.

5. Exemplary Programs: Some consideration should be given for a direct pass through from federal to local governments to assist in their War on Drugs. Simply giving states a block of money and giving them carte blanche to distribute the money as they wish, is not necessarily the best use of those federal dollars. There are some exemplary programs across the country which should be able to apply directly for federal assistance in one form or another.

- As far as programs are concerned, when the federal government establishes pilot programs, some consideration should be given to a variety of different size cities. If we focus on the five largest cities in the country, they are not reflective of the other 99% of the cities that exist across our country.

All cities are experiencing the same kind of problems that you, and others of your committee witnessed in Macon. It may be a different level of occurrence based on population and other influences. However, drive-by shootings do take place in Macon, Georgia; drug assassinations do take place, and officers are being assaulted by individuals who are involved in the drug arena.

I have discussed the drug problems with other chiefs of police and sheriffs in other cities and counties across the state. The areas that I have outlined is a problem with them in their locals as it is in Macon.

If there are other areas you would like for me to cover, please do not hesitate to contact me.

Sincerely,

Jim

Jim Brooks
Chief of Police

JB/lbf

VALDOSTA C.M.H.C. OUTPATIENT SERVICES
610 NORTH PATTERSON STREET
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TELEPHONE 333-5218
VALDOSTA, GEORGIA 31604

Senate Permanent Subcommittee on Investigations
EXHIBIT # 5

COUNTIES:
BEN HILL
BERRIEN
BROOKS
COOK
ECHOLS
IRWIN
LANIER
LOWNDES
TIFT
TURNER

RECOMMENDATIONS FROM THE C&A CONSORTIUM GROUP

GOALS FOR THE EIGHTIES:

Whereas the other disabilities have seen some progress during the eighties, mental health services to children and adolescents actually regressed in our area. The seventies were a time of structure and expansion for C&A services. However, during the eighties, C&A staff and services decreased. In addition, a generalist movement aimed at providing services to the chronically mentally ill forced trained C&A staff to begin serving adult clients. Some staff moved to other areas (Florida) or to higher paying positions in other disabilities because of the frustration of dealing with the unmet needs, the lack of career advancement, and the absence of appropriate continuing education and training. These positions were not filled with trained C&A staff which further reduced services to C&A clients. Consequently, some C&A staff began carrying caseloads of 85 emotionally disturbed children and adolescents. Excessive caseloads add to the frustration but for many children in South Georgia there are no alternatives to treatment.

The community child and adolescent staff have seen, in the 80's, their leadership in coordinating services for emotionally disturbed clients disappear as their abilities to participate in the care of these clients has declined. They now face an angry, disappointed, community and are embarrassed to once again outline the skeleton of services offered through the CMHC system to children. In spite of these problems, or maybe because of them, C&A admissions to SWSH have dramatically increased. In 1985, there were 169 C&A admissions. In 1989 (through May) there have been 291. The frustrations of the community staff are also seen at the hospital level where large caseloads prevent appropriate care. Almost half of these admissions could and should be handled in the community. A child who spends two weeks at SWSH for an evaluation that could have been done in the community if staff were available, carries that stigma for life.

The appropriate hospital admissions are now younger and more severely disturbed. Because of the demand for space, these children are released into the community

too soon--and with minimal follow-up services available through the community.

As bad as this sounds, many of our area's children and adolescents are unable to access even these minimal mental health services and hence appear in the criminal justice system.

Rural South Georgia, unlike the metropolitan areas, have few, if any, private resources for emotionally disturbed children and adolescents--and none if the patient is indigent or uninsured. This is more significant when one realizes that across South Georgia more than half of all residents have incomes below 200% of poverty level.

GOALS FOR THE NINETIES

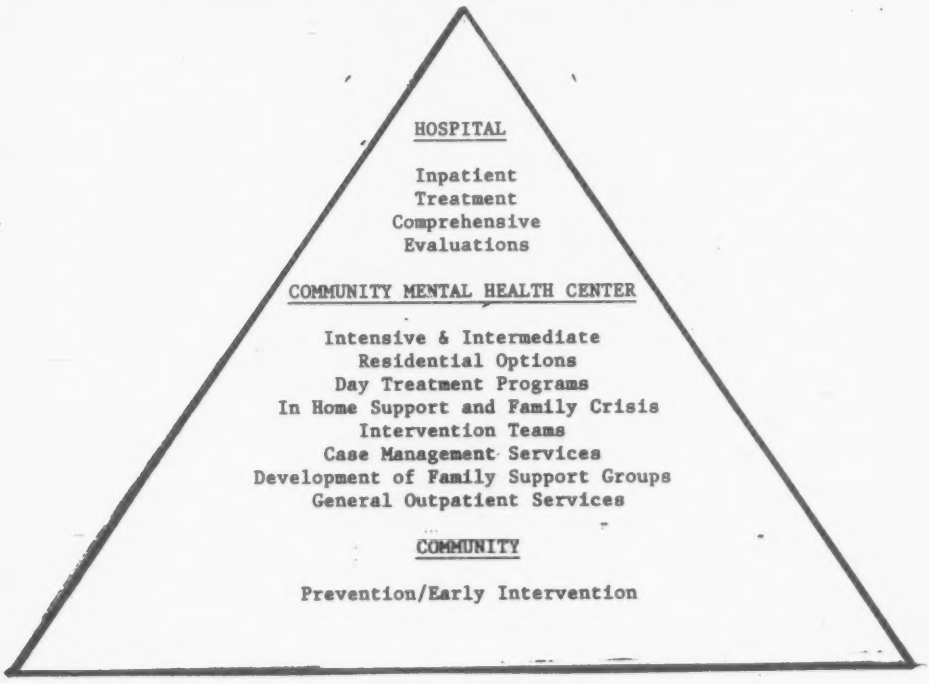
In terms of goals for the nineties, we recommend the redevelopment of a comprehensive specialized C&A program that will take us out of the dark ages of the 80's.

The following needs are grouped by key result areas.

Client Services

An entire spectrum of comprehensive services for children and adolescents should be provided for the Southwest consortium. Community, community mental health and SWSH staff agree that this should be a top priority for our area.

This spectrum of services can be divided into three major segments based on responsibility. It might be helpful to think of these segments as parts of a pyramid. Each part must be in place for comprehensive, appropriate, quality services to be offered.



1. At the top of the pyramid, offering services to the least number and most disturbed of clients is the hospital. With less severe clients handled by the community, hospitalization would be offered only to those clients who required long term treatment. A smaller inpatient caseload would allow current staff to provide care to these clients.

   In addition, a highly trained outreach team would be hired by the hospital to provide comprehensive evaluations in the community and in coordination with the CMHC staff. Such highly qualified, highly trained staff for this team could not be fiscally or administratively supported by a single area and would need to be centralized as a hospital function. The ability to keep these clients out of SWSH would make such a team cost-effective.

2. The middle section of the pyramid would involve a wide range of treatment services for children and adolescents through the CMHC. These would include:

   A. Intensive and intermediate residential options for children and adolescents which would include group homes (particularly a group home for adolescent females from our area), family treatment homes, respite care homes, etc.

   B. Day treatment services that would be coordinated with the Psycho-Ed programs and provide treatment during after-school hours, weekends and school vacation.

   C. In home support services and family crisis intervention teams.

   D. Case management capabilities especially for children who have been in long term treatment.

   E. Support groups for families of children and adolescents who have problems.

   F. Expansion of staff to provide basic outpatient services such as individual and family therapy, medication monitoring, etc.

   The C&A plan developed by the Division addresses all of these areas and the issue really is only one of the urgency of implementation of that plan.

An issue that involves both of the above mentioned blocks of the pyramid is the need to involve families as an integral part of the treatment. The C&A group felt that this was a critical need and one that can only be effectively implemented as a local initiative.

We recommend as a first step the development of a separate C&A advisory council to work with the expanded CMHC C&A staff. This council could be composed primarily of family members of clients and would serve a multiple purpose. First, it would empower families so that they could express their needs and frustrations with the system, and allow C&A staff to address those concerns in a constructive way. Secondly, it would serve as an educational tool for families to better understand parenting skills and the special needs of emotionally disturbed children. It could also provide an advocacy contingent for the program.

Another issue regarding client services centers around the uniqueness of these clients. In many different settings, we have seen that children and adolescents are more appropriately treated separate from other groups. Hence, C&A units in hospitals, teen centers and separate waiting areas in pediatrician's offices have been created.

Currently, C&A clients are seen in CMHC settings together with prisoners in shackles and with the chronically mentally ill. They are also being seen by staff not necessarily trained to treat this unique client and in some instances by individuals who do not even relate to this age group. We recommend a separate facility or at least a separate wing, for C&A clients and that they be seen by trained, sensitive C&A staff.

3. The bottom of the pyramid, and the base of the whole system, is the community itself. Involvement by both public and private community sectors is crucial. We feel that prevention of mental health problems should be their charge. Further elaboration on this point will be found in the community resources development key report area statement.

Responsive Administration

All of the issues mentioned in the above section will require a responsive administration. Coordination and supervision of C&A staff and programs must be provided by an administrator who has specific knowledge of C&A issues. This person must also be given the authority as well as the responsibility, to oversee the specialized program. The constant development and

supervision of such services to C&A clients requires that this person must not be forced to split his/her time with other priority groups. Each CMHC should have their own full time coordinator. Expansion of C&A services should be budgeted separately to protect these monies from encroachment by needs in other disabilities.

Division Policy statements, formal or informal, stressing the need for more family involvement and for specialized treatment for children and adolescents will add clout to local initiatives. A critical issue is the support, maybe even the demand for adequate training and education for C&A staff. The treatment, for instance, of child sexual abuse, is complicated and requires specialized training. Currently the best training is available in Boston at some expense. Due to budgetary restrains few people in our system have had access to this training.

No one agency can take total responsibility for emotionally disturbed children and adolescents. Networking with schools, youth services, the criminal justice system, DFCS, and others will be necessary. Services should not be duplicated and all agencies should be involved. However, the Division of MH/MR/SA should provide leadership in this area at all levels.

In order to provide leadership at the local level we will need to keep and attract qualified people. An organizational structure should be developed that allows for career advancement, job stability, adequate training and education, and quality assurance.

A few issues raised by community advocates require state level attention.

1. Judge Loftis, Juvenile Court Judge from Thomasville recommended the development of a dual role facility that provided a locked, secure facility in which intensive treatment for C&A clients could be provided. Once again this is in recognition that adolescents need to be treated separately from adult criminals. We agree that this type of facility is needed in the state. However, since few such facilities may be needed, this should be treated as a state-wide resource issue.

2. Several community advocates mentioned the need for in-state residential services of SED children and adolescents. This is also an issue that should be considered at a state level, since it would

probably be more cost effective and would reduce the pain in families having to place their child long distances from home.

3. Two policy change issues arose during discussion with community advocates. We strongly agree with both of these yet feel that policy change is again a state-level responsibility.

   "When a child is abused, remove the perpetrator from the home, not the child. Treat the child in the home if at all possible."

   "A policy change is needed so that parents do not have to give up custody of their child to get the long term care the child needs."

Human Resource Development

HRD overlaps with responsive administration issues. The most critical areas are as follows:

A. Frequent opportunities for quality training and education should be provided for C&A staff.

B. The designation of a separate, distinct C&A staff and administration with an organizational structure that allows for career advancement and job security, should be provided.

C. Staffing patterns adequate to meet the needs of C&A clients so that staff can feel that they are able to provide substantive assistance to clients in need, are essential.

D. There needs to be state-level recognition of C&A services as a separate program with it's own needs and problems.C&A staff feel like the "stepchildren" of the system.

E. State-level pro-active leadership in C&A issues would add clout to local leadership initiative.

Research & Evaluation

Quality assurance and program evaluation procedures are in place. Clarification of reporting techniques that take into account the uniqueness of C&A services is necessary. Accurate data is essential to evaluation. An analysis of this problem is currently underway in our consortium.

Community Resource Development

As stated earlier, the bottom segment of the pyramid is the community. The top two segments of the pyramid outline a treatment program for emotionally disturbed children and adolescents. However, to complete a comprehensive program, a prevention component will need to be developed. It is our opinion that this component can and should be handled by the private community with leadership and input from the C&A staff. Many community groups already provide programs that addresses, directly or indirectly, prevention of mental illness in children and adolescents. The Girl Scouts, Boy Scouts, the Boy's Club, the YMCA, Big Brothers and others provide support to C&A. Free educational sessions are provided by private mental health organizations such as Greenleaf and Charter-By-The-Sea. The Georgia Council on Child Abuse have local chapters that sponsor a variety of child abuse prevention programs. RESA and others sponsor drug abuse awareness programs in the schools aimed at all ages. These programs not only stress specific prevention strategies but also teach assertiveness, decision making and value clarification skills.

There is much community, school and legislative support for elementary school counselors. As these and other programs arise, the need for the higher levels of counseling and treatment will not disappear, rather, they will become even more urgent. As a result of the child abuse prevention programs, we have already seen an increase in the identification of abused children. The counselors now in place in the schools complain that our referral services are woefully inadequate. The addition of elementary school counselors will result in additional appropriate referrals.

As the community becomes more involved in preventioh strategies, they will either become our advocates or our enemy. If we are unable to meet their increasing demands for treatment with quality, and accessible services, we will enter the nineties in an untenable position of trying to defend ourselves against our own community-a position from which we may never recover. However, with foresight, planning and pro-action, we can enter the nineties in a role of leadership. One where we can coordinate the prevention activities of the community and provide appropriate, quality treatment services when needed. In that kind of situation, we would see the community prevention groups as our allies and our advocates, and they would see us as the resource which we were intended to be.

Senate Permanent Subcommittee on Investigations
EXHIBIT # 6

TESTIMONY OF CHIEF ARMAND L. CHAPEAU
CHIEF OF POLICE, CITY OF GRIFFIN
BEFORE
THE SENATE PERMANENT SUBCOMMITTEE ON INVESTIGATIONS
June 26, 1989

Good Morning, Senator Nunn. I welcome this opportunity to come before you and testify as to the challenges local law enforcement officials face in dealing with the drug problem.

First let me explain that I am a retired Coast Guard officer who spent the last 15 years of my career and particularly the last five years from 1982 to 1987 dealing with the drug problem at the federal level. Now I'm down at the local law enforcement level where, along with a great number of my counter parts, I am faced with inadequate resources, facilities, and information.

The drug problem effects every American and every American city, township or county with a population in excess of 300 persons. It will not go away with a massive interdiction effort, it will not go away if we lock up all of the major traffickers, it will not go away simply by throwing more dollars at the problem, it will not go away unless the citizens of this country stand up and say "I'm mad as hell and I'm not going to take it anymore." The effort to rid the nation of this problem has to occur not only in the major cities, like Washington, but in the small towns like Griffin, Cairo, and Senoia. The effort has to take place across the board, across all disciplines, and everyone has to get involved.

We in Griffin and Spalding County have taken the first step in that direction with the creation of the Griffin/Spalding County Anti-Drug Commission. The commission was created by an act of the Georgia Legislature at the request of the City and County governments. The membership of the commission includes: the Mayor, the County Commission Chairman, the President of the Student Body of the high school, the President of the Chamber of Commerce, the President of the Medical Society, the Chief of Police, the Sheriff, the District Attorney, etc. I have attached a copy of the bill to my remarks for your perusal. The commission has a number of objectives, the first of which is to educate the citizens of Griffin and Spalding County. Educate them as to the depth and scope of the problem, educate them as to the signs or symptoms of drug abuse, educate them as to where they can go for help and treatment, educate them as to what the various illegal drugs look like or smell like, educate them as to the current law enforcements efforts and assets, and educate them as to the cost of the problem. We have a treatment committee, education committee, public relations committee, and a criminal justice committee. The Commission had a slow start but, is now actively pursuing our goal of reducing or eliminating the abuse of drugs, illegal or legal in Griffin and Spalding County. We are currently funding this Commission from local assets. We can apply for grants under the legislation but, we don't fit any of the neat pigeon holes (categories) that have been created for grant funds.

What help do we need from Washington? The first is for the federal government to get it's collective act together and start

speaking with one harmonious voice instead of a cacophony of sounds from a variety of sources. Everyone in Washington wants a piece of the drug pie and has their own ideas about how to cut it up because that's where the federal dollars for their agencies are. We need a national plan to attack the drug problem with the roles of the various federal, state, and local agencies clearly spelled out. Once the plan is drawn, then the money needs to be appropriated at all levels to implement the plan.

What does small town USA need? One, from my point of view, we need advice, expertise, information, and occasionally money, manpower and equipment. Let me give you a view of policing the drug problem in a small town. First, everybody knows everybody and generally one persons scandal becomes the town's scandal. For the most part the local law enforcement officer enjoys a reasonably high degree of respect. Drug buys by undercover police officers, however, are impossible. The police may not know who all of the criminals are but, the criminals all know who the police are. Out of habits developed before cable TV, everyone listens to their scanners on police and fire department radio frequencies, so the townspeople generally know what is going on in the community in law enforcement. Salaries are generally much lower than in the major metropolitan areas so with the massive dollars available to the drug dealers, corruption can be a major problem. The term "need to know" as it applies to sensitive police information, is generally not adhered to. The amount of available manpower to devote to fighting the drug war is severely limited as the citizens continue to demand traditional police services and want them promptly.

Over 70 percent of all of our arrests are drug related yet, I can not afford to devote 70 percent of my resources to the problem. Our calls for service are increasing at the rate of 10 to 20 percent a year and that is where the majority of my manpower goes. I have devoted over thirty percent of my investigative manpower to drugs and if you consider the street interdiction unit part of that, then the figure rises to fifty percent. We locals often get accused of not devoting our assets to the drug problem in concert with the scope of the problem. But, when the citizenry expects traditional services to continue unabated, you're between a rock and a hard place.

How do we fight the problem on a local level and what tools do we need to do the job? One, we need an information bank that can provide local departments with information on national and international drugs trafficking patterns and how that particular local jurisdiction fits in. Two we need a manpower bank so that experienced, unknown undercover officers can make drug buys in a town where everybody knows who the police are. There are currently three primary sources of information concerning drug trafficking available to me in Griffin. Two are readily available and one is not. The El Paso Intelligence Center (EPIC) run by DEA is probably the best source of information on drugs, drug smugglers, and drug dealers in the country and EPIC does an outstanding job for the feds. Getting information from EPIC in a timely fashion for a local police officer is almost impossible. If I need a check on an aircraft, I have to call GBI in Atlanta, who then calls EPIC and runs the check. If thats' after hours or on the week-ends, then the GBI person has to come in from home and run the check. The process can take two to

three hours. That's a far cry from being 400 miles at sea, in the middle of the night, and having an answer back in minutes not hours. If we can have NCIC checks run on vehicles, boats, aircraft, and people in seconds, why not EPIC checks via the same system. Our second primary source of information is what is commonly known as the RISS projects or Regional Information Sharing Systems. Our particular group is the Regional Organized Crime Information Center (ROCIC) in Nashville. ROCIC covers the states from Texas to Virginia and is a hotline type of operation as well as holding periodic meetings of the agencies to share information in person. The only problem with the RISS system is OMB keeps trying to put them out of business. RISS projects are a line item in the Department of Justice Budget and each time that budget goes through the federal process OMB cuts it and the Congress has to put it back. Putting it back is getting to be a tougher project each year. The third primary source is our state network, the Georgia State Intelligence Network (GSIN). This is primary an information sharing outfit with no central intelligence files. We get together and share information on areas of common interest. The bottom line is the system with the greatest amount of information is the hardest to access.

Finding people to make undercover buys or sales is another difficult problem. All of our people are known to the dopers. Using civilians to make buys or sales is fraught with all kinds of legal difficulties because of the nature and character of the people that offer those services to police agencies. A well trained undercover officer requires about two years of training and experience if he or she is to be really effective at making cases. Small departments cannot afford to train an individual in this field they can't use locally. The feds are all tied up in the major city task forces so we get little help from them unless we happen to have a major dealer living in our communities. Here in Georgia the state does provide this kind of assistance but the state teams are scheduled far in advance and are hard to come buy. What we do on a local level is share between departments. I'll send one of my narcotics officers to another town and they'll send one to mine. But, the first time one of mine gets injured elsewhere, I'll probably be told to stop because of the liability issues. There are two possible ways to fix this problem, one to set up an insurance policy or two provide the states with more assistance to expand their teams. The insurance coverage would be applicable if a local agency was involved in assisting another local agency in a narcotics case with deployed manpower. If that officer was injured or worse the insurance would become effective thereby not impacting on the local government. Premiums could be paid out of the forfeitures at all levels, federal, state, and local. The other way of course is to increase grant funds to the states to provided more manpower for their roving undercover squads.

In the "territorial years" of this nation we had circuit riding judges, marshalls, and courts. This "circuit riding" concept needs to be renewed especially with the federal law enforcement agencies. I stated on CNN recently that cooperation between the federal, state and local law enforcement agencies to fight the drug problem is no longer optional but mandatory. There is a great deal of this type of cooperation going on but it is mostly in the larger population areas not out here in the "hinterland". I don't really need a full-time

DEA or FBI agent in Griffin. What I would like to have is an agent that knows my area, knows who the bad and good guys are, knows what resources are available locally, who can help me find the equipment, technique, or expertise I need to solve a particular case. An agent that calls or comes for lunch or coffee on a regular basis, one that I can call at any time if a problem surfaces I can't handle. In other words a "circuit rider" with an encyclopedia of knowledge. The majority of Federal Agents work very hard at their jobs. But their jobs are major cases or if assigned, task forces in major cities. My pound a month dealer is minor to them. But if that dealer is servicing 70 percent of the addict population of my city, he is a major problem to me. As far as money and equipment is concerned, I can always use more. My real concern is to be able to continue the loan program of DOD assets that was operated through the National Narcotics Border Interdiction System. I am not sure I need to own a night vision device, if I can borrow one. I sure don't need to own an aircraft capable of taking pictures of the entire city and county from 40,000 feet, but I do need the photographs every two years or so to find the clandestine airstrips and to be able to identify new areas of development.

My final concern and then I'll hush is in the area of new technology in law enforcement. The Bureau of Justice Assistance gives out grants for demonstration projects as do other federal agencies. Those grants are usually won by large population centers who have a staff of grant writers and statistic takers and seldom by small towns. One in particular that comes to mind is the new concept of "Community Oriented Policing" that was dreamed up by the Chief in Houston as a way to solve community crime problems. Its a great concept but, how do I apply that concept to a community that has a police department of 57 and a population of 22,000? The best article I have seen on street interdiction of crack came out of the Fernandina Beach Police Department. Even though there was a demonstration grant for New York City PD, the Fernandina Chief devised a way to do it without a grant in small town USA, that could be applied in many more jurisdictions. We adopted his idea in Griffin and it works. All I'm saying is that when it comes time to try out a new idea or concept don't forget the small towns.

If we are going to win this fight against drugs, we first, have to convince the American people that one it is a war, two, it is a war we can win, and three, it is a war we can not afford to lose if, we value our way of life. Once we have done that, we can then marshal our thoughts and resources and do it.

H. B. No. 1916 (AS PASSED HOUSE AND SENATE)
By: Representatives Herbert of the 76th and Mostiler of the 75th

A BILL TO BE ENTITLED

AN ACT

To provide for the Griffin-Spalding County Anti-Drug Commission, a body corporate and politic; to authorize and empower such commission to take such actions and do such things as it shall deem meet and proper to deter and control, with the intent to ultimately eliminate, the unlawful use, consumption, possession, sale, transfer, delivery, dispensing, handling, trafficking, manufacturing, and growing of dangerous drugs or controlled substances, as defined by the laws of Georgia; to confer upon it certain powers, duties, and jurisdiction; to state its purpose and authorizations; to authorize such commission to contract and to acquire, purchase, lease, receive, hold, possess, use, and enjoy real and personal property of every kind and character and to have and use a seal and alter the same at its pleasure and to enter into agreements with any municipality, county, political subdivision, body politic, the State of Georgia, or the United States of America and all of their respective agencies, entities, or instrumentalities, in the exercise of its duties, powers, and functions; to provide for the membership and the appointment of members of the commission; to provide that no debt or obligation of the City of Griffin or the County of Spalding shall be incurred in the exercise of any of the powers granted by this Act; to provide the term or period of time that such commission shall exist and to provide for the termination or dissolution of such commission; to provide for severability; to repeal conflicting laws; and for other purposes.

1 WHEREAS, it is desirable and in the public interest 55
2 that actions be initiated and implemented to control or 56
3 deter, with the ultimate objective of eliminating, the 57
4 unlawful use and possession of dangerous drugs and 58
5 controlled substances in the City of Griffin and in Spalding
6 County; that educational programs to inform and warn the 59
7 public of the harmful effects and dangers of such drugs and 60
8 substances be implemented with due deliberate speed; that 61
9 appropriate actions be taken to investigate the widespread
10 use and possession of such drugs and substances; that full 62
11 support of strict enforcement of the pertinent criminal laws 63
12 be given and that offenders receive just and adequate 64
13 punishment or be removed from society; that such inquiries 65
14 and investigations be made and such affirmative actions be
15 taken and done to promote and effect the purpose and intent 66
16 of this Act.

17 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA: 69

18 Section 1. Short title. This Act may be cited as 72
19 the "Griffin-Spalding County Anti-Drug Commission Act." 73

20 Section 2. Anti-Drug Commission. There is hereby 76
21 created a body corporate and politic, to be known as the 77
22 "Griffin-Spalding County Anti-Drug Commission," which shall 78
23 be deemed to be a public corporation and by such name, 79
24 style, and title, may contract and be contracted with, sue 80
25 and be sued, implead and be impleaded, complain and defend 81
26 in all courts of law and equity; provided, however, that the
27 commission shall have and enjoy any and all immunities as 82
28 are now or hereafter granted to it or authorized by the 83
29 Constitution and laws of this state.

1 Section 3. Term of existence or duration. The 86
2 commission shall have the existence hereunder for and during 87
3 a term of five years, beginning on July 1, 1988, and 88
4 terminating on June 30, 1993, at which time such commission 89
5 shall hereby be dissolved and shall thereafter be
6 nonexistent.

7 Section 4. Composition. (a) The commission shall 92
8 be composed of 24 members, to fill the 24 respective posts, 93
9 as follows:

	Post	Members	
10			96
11	1.	The mayor of the City of Griffin;	99
12	2.	The chairman of the board of commissioners of	101
13		Spalding County;	
14	3.	The mayor of the City of Orchard Hill;	103
15	4.	The mayor of the City of Sunnyside;	105
16	5.	The sheriff of Spalding County;	107
17	6.	The chief of police of the City of Griffin;	109
18	7.	The superintendent of the Griffin-Spalding County	111
19		School System;	
20	8.	The chairman of the Board of Health of Spalding	113
21		County;	
22	9.	The area director of McIntosh Trail Mental Health,	115
23		Mental Retardation, and Substance Abuse Services	116
24		Unit of the Georgia Department of Human Resources;	
25	10.	The district attorney of the Griffin Judicial Circuit	118
26		or any successor judicial circuit that embraces or	119
27		includes the Superior Court of Spalding County;	120
28	11.	The chairman of the Board of Midway Recovery Systems	122
29		in the City of Griffin;	
30	12.	The president of the Griffin-Spalding County Medical	124
31		Association;	
32	13.	The president of the Griffin-Spalding County Pharmacy	126
33		Association;	

14. The president of the Griffin Ministerial Association;

15. The president of the Griffin Ministerial Alliance;

16. The president of the Griffin-Spalding County Civic Improvement League;

17. The president of the Coalition of the Griffin-Spalding County Parents & Teachers Association;

18. The Griffin District Post Commander of the Georgia State Patrol;

19. The president of the Griffin-Spalding County Chamber of Commerce;

20. The president of the Student Body of Griffin High School;

21-22. One member shall be appointed to each of these two posts by the governing authority of the City of Griffin for such term of office as such board may desire during the five-year period of existence of such commission; and

23-24. One member shall be appointed to each of these two posts by the governing authority of the County of Spalding for such term of office as such board may desire during the five-year period of such commission.

(b) Each of the officers in Posts 1 through 20 shall serve as a member of such commission only during his or her respective term of office and each shall be succeeded as a member of such commission by his or her respective successor in office during the five-year term of existence of said commission, with the right and privilege of any such officer, should he or she deem it inappropriate for any reason or cause to serve on such commission, to designate a member to serve in his or her place on said commission.

1 Section 5. Vacancies. (a) Any vacancy in the 160
2 above designated Post 21 or 22 occurring by the death, 161
3 resignation, or otherwise of such member shall be filled for 162
4 the unexpired term of the member whose seat has been vacated 163
5 by a person appointed by the governing authority of the City 164
6 of Griffin.
7 (b) Any vacancy in the above-designated Post 23 or 166
8 24 occurring by the death, resignation, or otherwise of such 167
9 member shall be filled for the unexpired term of the member 168
10 whose seat has been vacated by a person appointed by the 169
11 governing authority of the County of Spalding.
12 (c) If any of the above-designated offices of 171
13 members of Posts 1 through 20 should become vacant or be 172
14 discontinued or become nonexistent for any cause or reason 173
15 whatever, the Grand Jury of the Superior Court of Spalding 174
16 County shall appoint a person to fill such vacancy.

17 Section 6. Officers. Annually, the commission 177
18 shall elect one of its members to serve as chairman of the 178
19 commission and another of its members to serve as vice 179
20 chairman of the commission. The board may also elect a 180
21 clerk or secretary of such commission, who need not be a
22 member of the commission and who shall serve at the will of 181
23 the commission. The commission may designate, appoint, or 182
24 employ such other officers, agents, and employees as the 183
25 commission may deem proper. The chairman shall preside at 184
26 all meetings of the commission and shall serve as its chief
27 executive officer. For and during the absence, 185
28 disqualification, or disability of the chairman, the vice 186
29 chairman shall serve as chairman. If the chairman's seat is 187
30 vacated, the vice chairman shall assume the duties of the 188
31 chairman until such time as the chairman's vacancy is filled
32 by the election of another by the commission. If the vice 189
33 chairman's seat is vacated, the commission shall elect 190

1 another of its members to fill such vacancy for the 191
2 unexpired term of office.

3 Section 7. Meetings. The commission shall hold at 194
4 least one regular meeting quarter-annually at such time and 195
5 place as the commission may from time to time designate. 196
6 The time, date, and place of any such regular meeting may be 197
7 changed as the members of the commission may deem meet and 198
8 proper. The commission may hold such other regular,
9 special, or additional meetings as it may deem necessary or 199
10 proper. No notice shall be required to be given for any 200
11 regular meeting, being any meeting designated to be held 201
12 regularly by resolution of the members of the commission, 202
13 such as quarter-annual, bimonthly, monthly, semimonthly, or
14 weekly meetings or other such meetings held at regular 203
15 periodic intervals. The commission is authorized to provide 204
16 for the holding of special meetings, to provide for the 205
17 time, place, and manner of holding and calling special 206
18 meetings, and to provide for giving notice and waiver of
19 notice of the time, place, and purpose of such meetings, all 207
20 as the members of said commission, in their sole discretion, 208
21 shall deem proper. A majority of the members then serving 209
22 on the commission shall constitute a quorum for the 210
23 transaction of business. In the absence of a quorum, a
24 majority of the members of the commission present at any 211
25 meeting may adjourn the meeting from time to time until a 212
26 quorum can be obtained. Notice of any adjourned meeting 213
27 need only be given by announcement at the meeting at which
28 the adjournment is taken. All resolutions adopted and all 214
29 business transacted by the commission shall require the 215
30 affirmative vote of a majority of the members present at the 216
31 meeting. From time to time, the members of the commission 217
32 may fix an agenda for any meeting or meetings and may adopt
33 such rules of order which they shall deem appropriate which 218
34 shall govern the conduct and procedure of their meetings. 21.

1 Section 8. Operating budgets. It is anticipated 222
2 that the primary source of capital to defray the costs and 223
3 expenses of the commission will be borne jointly by the City 224
4 of Griffin and the County of Spalding with each such entity 225
5 contributing an equal amount to the commission for such 226
6 purpose on or before the first day of July of each of the 227
7 five years of the existence of the commission and beginning
8 on July 1, 1988. The commission shall make a written 228
9 request to the City of Griffin and the County of Spalding 229
10 for operating funds pursuant to an operating budget made by 230
11 the commission. The first such request for funds shall be
12 submitted to the respective governing authorities of the 231
13 City of Griffin and the County of Spalding on or before 232
14 April 15, 1988, and each of the four succeeding annual 233
15 requests shall be submitted on or before April 1 of each of 234
16 the next four years. The amount of each such contribution
17 shall be entirely discretionary with the City of Griffin and 235
18 the County of Spalding. In addition to any such annual 236
19 contribution, both the City of Griffin and the County of 237
20 Spalding are hereby authorized to make such additional 238
21 contributions to the commission as each such entity may deem
22 appropriate, solely within the sound discretion of such 240
23 entity making the contribution.

24 Section 9. Compensation. From funds granted to or 243
25 acquired by the commission, the members of the commission 244
26 shall fix and determine the amount of, and the time and 245
27 manner of paying, compensation to its members, officers, 246
28 agents, and employees, all within their sound discretion.

29 Section 10. Purpose and authorizations. Said 249
30 commission is created for the purpose of taking all such 250
31 actions and doing all such things, as it shall deem meet and 251

proper, to deter and control, with the intent to ultimately eliminate, the unlawful use, consumption, possession, sale, transfer, delivery, dispensing, handling, trafficking, manufacturing, and growing of dangerous drugs or controlled substances, as defined by the laws of Georgia and said commission is hereby authorized:

(1) To work and cooperate with, and to seek the cooperation of, the City of Griffin and all other municipalities of the State of Georgia; the County of Spalding and all other counties or political subdivisions of the State of Georgia; the State of Georgia, including each of its departments, agencies, entities, or instrumentalities; and the United States of America, including each of its departments, agencies, entities, or instrumentalities; in the furtherance of the purpose of the commission;

(2) To prepare, publish, and disseminate information in support of its purpose;

(3) To serve as the community clearing-house for information and research relative to dangerous drugs and controlled substances;

(4) To expend, use, and disburse its funds and properties, pursuant to its powers and authorizations herein provided, to accomplish the above-stated purpose of the existence of such commission;

(5) To provide programs such as drug prevention programs, drug treatment programs, and such other programs that it may deem meet and proper in the fulfillment of its purpose and objectives; and

(6) To do any and all other things necessary and proper to enable it to perform wholly and

adequately its duties and to exercise the 280
authorizations granted to it.

Section 11. Additional powers. The commission 283
shall have the power:

(1) To have a seal and alter the same at its 285
pleasure;

(2) To acquire by purchase, lease, gift, or 287
otherwise and to hold, lease, and dispose of real 288
and personal property of every kind and character 289
for its corporate purposes;

(3) To enter into agreements with the City of 291
Griffin, with the County of Spalding, or with any 292
other political subdivision or municipal 293
corporation of the state in the exercise of its
charge;

(4) To receive and accept gifts and grants of 295
money and property from the private or public 296
sectors of our society and to expend, use, or 297
disburse all such money and property granted only
in the course of business of the commission or for 298
other public purposes;

(5) To make contracts, leases, and 300
conveyances and to execute all instruments 301
necessary or convenient for the purpose of
exercising its powers and performing its duties and 302
functions as herein set out;

(6) To make loans with, and accept grants of 304
loans of money or property of any kind from, the 305
United States of America, or any agency or 306
instrumentality thereof; the State of Georgia, or
any agency or instrumentality thereof; the City of 307
Griffin, the County of Spalding, or any other 308
municipality or political subdivision of the State

of Georgia; upon such terms and conditions as such 309
governmental entity, agency, municipality, county, 310
or political subdivision may require or impose;

(7) To borrow money for any of its corporate 312
purposes and to provide for the payment of the same 313
and for the rights of the holders of such 314
promissory notes evidencing such indebtedness;

(8) To exercise any power granted by the laws 316
of the State of Georgia to private corporations 317
which is not in conflict with the purposes of the 318
commission; and

(9) To do all things necessary or convenient 320
to execute and carry out the powers expressly given 321
and provided in this Act.

Section 12. Tax-exempt status of the commission. 324
The properties of the commission, both real and personal, 325
are hereby declared to be public properties used for the 326
benefit and welfare of the people of the State of Georgia, 327
and not for purposes of private benefit and income, and all 328
such properties of the commission shall be exempt from all
taxes and special assessments of any city, county, or the 329
state, or any politicial subdivision thereof. 330

Section 13. Rules and regulations. It shall be 333
the duty of the commission to prescribe rules and 334
regulations for the operation of the commission and the 335
conduct of its business and for the operation of any project 336
sponsored by the commission.

Section 14. Obligations of the commission. No 339
debt or obligation whatsoever incurred by the commission 340
shall be construed to be a debt or obligation of either the 341
City of Griffin or the County of Spalding.

1 Section 15. Venue and jurisdiction. Any action to 344
2 protect or enforce any rights under the provisions of this 345
3 Act or any suit or action against the commission may be 346
4 brought in the State Court of Spalding County or the 347
5 Superior Court of Spalding County, and such courts shall
6 have the exclusive, original jurisdiction of any such 348
7 actions.

8 Section 16. Powers declared supplemental and 351
9 additional. The foregoing provisions of this Act shall be 352
10 deemed to provide an additional and alternative method for 353
11 the doing of the things authorized thereby and shall be 354
12 regarded as supplemental and additional to the powers
13 conferred by other laws and shall not be regarded as in 355
14 derogation of any powers now existing.

15 Section 17. Liberal construction of this Act. 358
16 This Act, being for the welfare of various municipal 359
17 corporations or a political subdivision of the state and its 360
18 inhabitants, shall be liberally construed to effect the
19 purposes hereof.

20 Section 18. Effect of partial invalidity of Act. 363
21 The provisions of this Act are severable, and if any of its 364
22 provisions shall be held unconstitutional by any court of 365
23 competent jurisdiction, the decision of such court shall not 366
24 affect or impair any of the remaining provisions.

25 Section 19. Effective date. This Act shall become 369
26 effective upon its approval by the Governor or upon its 370
27 becoming law without such approval.

1 Section 20. Specific repealer. This Act does not 373
2 in any way take from the State of Georgia, or any 374
3 department, agency, or instrumentality thereof, the City of 375
4 Griffin or Spalding County, or any other municipal 376
5 corporation or political subdivision of this state, any
6 right, authority, or power held by any such public entity or 377
7 body politic.

8 Section 21. General repealer. All laws and parts 381
9 of law in conflict with this Act are hereby repealed.

GAO

United States
General Accounting Office
Washington, D.C. 20548

General Government Division

Senate Permanent Subcommittee
on Investigations

EXHIBIT # 7

June 21, 1989

The Honorable Sam Nunn
Chairman, Permanent Subcommittee
On Investigations
Committee on Governmental Affairs
United States Senate

Dear Senator Nunn:

This letter responds to your staff's May 10, 1989, request for information regarding the impact of drug-related crime and violence on the criminal justice system in Atlanta, Georgia. The enclosed information was collected during our visit to Atlanta the week of June 5, 1989. At that time, we gathered statistics and obtained the views of various state and local criminal justice and public health officials whom we met with. We did not verify the accuracy of the information.

The information we collected is part of an ongoing GAO evaluation, conducted at your request, to examine drug-related crime and violence in selected cities across the United States and its impact on criminal justice systems. We briefed your staff on the enclosed information and hope it will be useful for your field hearings in Georgia later this month.

We look forward to continuing to work with the Permanent Subcommittee on Investigations in carrying out the remainder of your request. If you have any questions, please call me on (202) 275-8389.

Sincerely yours,

for John Vialet

Arnold P. Jones
Director, Administration
of Justice Issues

Enclosure

Enclosure

IMPACT OF DRUG-RELATED CRIME AND VIOLENCE ON THE ATLANTA, GEORGIA CRIMINAL JUSTICE SYSTEM

During the week of June 5-9, 1989, representatives of the United States General Accounting Office (GAO) visited Atlanta, Georgia to collect information regarding the impact of drug-related crime and violence on the local criminal justice system. This work is part of an ongoing GAO evaluation requested by the Chairman of the Senate Permanent Subcommittee on Investigations. The Chairman asked that we visit selected cities across the nation to (1) provide an overview of drug-related street crime and violence, and of efforts being taken to address the problems; (2) identify limitations to local law enforcement efforts due to the lack of sufficient courtrooms, prosecutors, judges, jails, prison space, and treatment facilities for drug abusers arrested; and (3) solicit opinions on policy options available to federal, state, and local governments to address the situation.

In Atlanta, we met with local police, the District Attorney, a Municipal court judge, a Superior court judge, city corrections officials, and criminal justice planners. We also met with state officials, including police, probation, parole, corrections, governor's office (criminal justice), and public health officials. We did not verify the accuracy of the data presented below.

DRUG-RELATED CRIMES HAVE INCREASED

According to Atlanta police, drug-related crime and violence in the city has escalated in recent years, and most drug cases involve cocaine. Most state and local police officials we interviewed said that the rural drug problem throughout the state is as significant as the urban problem in terms of impact on the community.

-- Atlanta police officials told us that the majority of crimes in Atlanta are drug related. Atlanta police statistics show that drug arrests increased from 4,111 in 1986 to 6,634 in 1988, an increase of 61 percent. Arrests for the first four months of 1989 have increased 35 percent over the same period last year.

-- Atlanta police statistics show that homicides have increased from 113 in 1986 to 172 in 1988, an increase of 52 percent. Homicides occurring during the first four months of 1989 have increased 30 percent over the same period last year. According to the Atlanta Chief of Police, about 19 percent of the homicides that occurred in 1988 were found by medical examiners to be drug-related. However, he believed that the

actual proportion of homicides connected with drugs and drug trafficking was much higher.

-- Local police pointed out that high crime and violence areas with open-air drug markets exist in Atlanta, especially in public housing areas. However, the general consensus is that these areas are not out of control.

-- The rural Georgia drug crime and violence problem is as significant as the urban city problem in terms of impact on the community, according to most of the state and local police officials we interviewed. One narcotics officer we interviewed disagreed somewhat, saying that the rural problem was not as significant currently, but said it will be in the next few years if present trends continue.

-- Drug-dealing gangs are present in urban and rural Georgia, but the gang problem is not yet acute, according to state and local police and governor's office officials.

-- According to the Georgia Crime Information Center, Georgia Bureau of Investigation, statewide drug arrests increased from 19,366 in 1984 to 32,497 in 1988, an increase of 68 percent.

-- An Atlanta narcotics officer said that the Atlanta police narcotics unit sends seized drugs from an average of 200 cases per week to the state crime lab for analysis. During our visit, we observed a listing of 257 cases sent to the lab for the week ending June 12, 1989. The narcotics officer told us that the lab no longer analyzes evidence for drug residue, or in cases where there is no defendant, because of increased demand for drug analysis.

DRUG-RELATED INDICTMENTS ARE INCREASING AND HAVE CREATED A BACKLOG IN PROCESSING

According to the Fulton County District Attorney, a backlog in the processing of all felony indictments has been created by the increase in drug-related crime and violence cases.

-- Drug violations are the predominant criminal charge by the Fulton County District Attorney's Office, according to data provided by the District Attorney. Of 10,655 felony cases involving 28 different offenses reported for 1988, 3,908 were drug cases. Drug cases were more than twice as numerous as the second ranked offense (theft).

-- The number of defendants indicted by the Fulton County District Attorney's Office for drug violations increased from 1,354 in 1985 to 4,067 in 1988, an increase of 200 percent. In the first four months of 1989, the number of defendants

indicted for narcotic violations increased 33 percent over the same period in 1988.

-- According to the District Attorney, the increase in the number of drug cases is slowing down the processing of indictments due to the large volume involved. He said that priority is given to processing indictments of defendants in jail, and an attempt is made to process all indictments within 30 days. A District Attorney document showed that during the week ending May 27, 1989, there were 454 persons out of 1,243 in jail (or 37 percent) that had been there 30 days or more without an indictment. The document showed that 303 of the 454 people were indicted that week, and 151 persons remained unindicted.

DRUG-RELATED CASES
CLOGGING COURT CALENDAR

According to an Atlanta Municipal Court Judge and a Fulton County Superior Court Judge that we met with, the number of drug cases prosecuted in court has been increasing. More people are being arrested on drug charges and these cases are clogging court calendars.

-- The two judges we met with estimated that 70 to 75 percent of all felonies prosecuted in court are drug related, including violent crimes committed while the perpetrator is using drugs and burglaries or hold-ups committed to obtain money to buy drugs. The Superior Court Judge estimated that 40 percent of the criminal cases in court directly involve cocaine.

-- According to court statistics reported in a local law newspaper, the Fulton County Superior Court handled 5,758 criminal cases in 1985, and the number rose to 9,469 cases in 1988. During the first quarter of 1989, the court handled 42 percent more criminal cases than it did in the first quarter of 1988.

-- According to judges interviewed for a local law newspaper article, a dramatic increase in drug-related crime, coupled with a reduction in guilty pleas, has meant more trials. The court calendar is so clogged with criminal cases that Fulton County Superior Court may have to temporarily postpone the handling of civil cases. One judge interviewed estimated that within 12 to 18 months the disposition of criminal cases will cause a court scheduling crisis.

JAIL AND PRISON OVERCROWDING HAS RESULTED
IN LAWSUITS AND THE RELEASE OF INMATES

The Atlanta Pretrial Detention Center, Fulton County Jail, and the Georgia State prison system are all overcrowded.

Corrections officials said that drug-related crime and violence was the principal cause of overcrowding.

Atlanta Detention Center

-- A city Jail Crowding Task Force reported that the Atlanta Pretrial Detention Center's average daily inmate population has increased to the point where it exceeds the rated capacity. A city Bureau of Corrections report shows that the average daily population increased from 417 in 1987 to 579 in 1988, an increase of 39 percent. For the first 3 months of 1989, the average population increased 46 percent over the same period in 1988, according to the Jail Crowding Task Force. During our visit to the Detention Center on June 5, 1989, we were told by Center officials that the inmate population was 920.

-- Contributing to the Detention Center overcrowding has been an 18 percent annual increase in major criminal offenses and a 28 percent increase in drug possession offenses, according to a city Jail Crowding Task Force briefing report.

-- According to city criminal justice planners and Detention Center officials, the current staffing levels at the Detention Center are inadequate to efficiently manage the intake process which includes prisoner identification. We were told that because of the increased arrest rate, some prisoners are detained for a week or more before they complete the identification process.

Fulton County Jail

-- The Fulton County Jail was 87 percent over capacity on May 4, 1989 according to a County Jail Inmate Population Report. The jail had 1,882 inmates, while the rated capacity was 1,008 inmates.

-- Fulton County Jail is under court order to reduce the inmate population due to overcrowding. The court order mandates the release of inmates on a weekly basis to achieve compliance with the court ordered population limit of 1616 male inmates and 165 female inmates. The District Attorney told us that his office oversees the release of inmates for the Fulton County Sheriff and tries to keep the most violent offenders incarcerated. He said that approximately 500 inmates were released initially, and that releases were continuing at an estimated rate of 100 to 150 per week. He said that as of June 5, 1989 approximately 800 to 900 inmates had been released.

-- A U.S. District Court document shows that the Fulton County Jail overcrowding situation has resulted in a class action lawsuit seeking fines totalling nearly $3.9 million.

State Prisons

-- Almost one-half of the county jails in the state of Georgia (60 to 70 out of a total of 148 jails) are faced with lawsuits or some form of legal action to reduce prison overcrowding, according to an official of the Georgia Department of Community Affairs.

-- According to a May 1989 County Jail Inmate Population Report, there were 14,459 inmates in Georgia's 148 county jails, while the rated capacity of the jails was 11,342 inmates. Overall, the jails were 29 percent over capacity, with individual jails ranging from a low of 25 percent of capacity to a high of 167 percent over capacity.

-- The Georgia state prison system inmate population increased during the period 1983 to 1987 because of drug convictions. Georgia Department of Corrections data cited in a Georgia Bureau of Investigation report shows that the number of inmates serving sentences for drug sales increased from 560 in 1983 to 1,058 in 1987, an increase of 89 percent. The number of prisoners serving sentences for drug possession increased from 682 in 1983 to 755 in 1987, an increase of 11 percent.

-- Twenty-seven percent of the criminals sentenced to state prison are housed in county jails, according to a May 1989 County Jail Inmate Population Report. According to a Georgia Department of Corrections profile of inmates in the state prison system, the number of persons serving time in county facilities waiting for space in state prisons has increased 267 percent since 1980, from about 1,000 inmates in 1980 to 3,666 in April 1989. The profile identifies crowding as the major issue facing the Department, noting that state prisons were operating at 45 percent over their designed capacity (not including inmates housed in county facilities awaiting space in state prison).

-- Officials of the Governor's Criminal Justice Coordinating Council said that an estimated 55,000 to 65,000 additional state prison beds will be needed by 1993 so that state inmates can serve their full sentences. This estimate is based on 1987 admissions, including state inmates in county jails, and projections for future admissions.

THERE ARE WAITING LISTS
FOR PUBLIC DRUG TREATMENT

State public health officials estimated that about 80 percent of the people receiving drug treatment in the Metropolitan Atlanta area were referred by the criminal justice system. They said many of those referred to publicly funded treatment centers have to wait for treatment because programs are full, and a substantial number end up never receiving adequate treatment and "slip through cracks in the system."

-- According to state health officials, publicly funded residential treatment centers throughout the state are full. They attributed this situation to the prevalence of crack cocaine use. They said the average waiting time for residential treatment is 6 months to one year.

-- From fiscal year 1984 to fiscal year 1988, admissions to public treatment programs for cocaine abuse in the Metropolitan Atlanta area increased 1,241 percent, according to a state public health document.

-- State health officials estimated that one-third of all referrals to the Fulton County Substance Abuse Treatment Center come from the criminal justice system. A state document shows that approximately 4,000 out of a total of 7,000 people seeking or referred to intensive residential treatment at the center in 1988 were placed in a 6-day ambulatory detoxification program and put on a waiting list for residential treatment. The average waiting time for the clients was one year, and there were 4,000 people who never received the residential services. In addition, the health officials said that currently about five people per day are placed on a waiting list for the 6-day detoxification program.

-- The publicly funded New Start Community Residential Treatment Center in Atlanta provides 6-month long term residential treatment. According to a May 31, 1989, state public health document, 90 percent of the Center's clients were being treated for cocaine addiction as the primary drug of abuse. There were 172 people who had been on a waiting list for one month or more. These people had been on the waiting list an average of 228 days.

-- Overall, only 3 percent of all state drug treatment services are delivered to the adolescent population, according to state health officials who cite the inability to treat adolescent drug abusers as a particular problem in the state. They estimated that 5,000 to 8,000 adolescents abuse substances on a daily basis, and that there are 70,000 to 80,000 "frequent abusers" (3 times or more per week) in the state. They said

there are no public adolescent treatment programs in the Metropolitan Atlanta area.

-- The Adolescent Structured Treatment Residence Program is a state funded residential program with three sites (Alchemy, Katharos, and Ogeechee Adolescent Programs) operating a total of 45 beds for the state of Georgia. A May 31, 1989, state public health document noted that there were 228 adolescents on waiting lists for one month or more for the three sites. These people had been on the waiting lists an average of 242 days.

-- According to a state public health document, the rural areas of Georgia have not escaped the drug epidemic. In particular, there has been a sharp increase in persons seeking treatment for cocaine addiction, especially crack. For example, the publicly funded Midstep Residential Care Facility in Tifton, Georgia has seen a dramatic increase in the number of cocaine admissions in the past two or three years. In 1988, 75 percent of the admissions to Midstep were drug admissions--of these, 59 percent were for cocaine abuse. The Midstep program is operating at capacity for its 30 beds. The May 31, 1989, document also pointed out that there were 105 people who had been on a waiting list for one month or more. These people had been on the waiting list an average of 60 days.

7

GEORGIA DEPARTMENT OF CORRECTIONS
Floyd Veterans Memorial Building
Room 756 - East Tower
Atlanta, Georgia 30334

David C. Evans
Commissioner

Senate Permanent Subcommittee on Investigations
EXHIBIT # 8

June 28, 1989

The Honorable Sam Nunn
U. S. Senator
SD-335
Washington, D. C. 20510

Dear Senator Nunn:

In response to your inquiry at the hearings today on "Drug and Violence: The Criminal Justice System in Crisis", I have attempted to provide data indicating success or failure of those convicted of simple drug use, possession or sales, and sentenced to Georgia's 90-day shock incarceration program.

The Georgia Special Alternative Incarceration program, sometimes referred to as "shock incarceration" or the "bootcamp program" was designed to handle those younger male individuals (ages 17-25) sentenced for crimes against property or drug related offenses.

The program has been in effect long enough for a valid evaluation to have been conducted. Initial figures indicate that those offenders sentenced specifically for drug sales or drug possession have fared better following release from the program than those sentenced for such charges as burglary and theft.

Of the 2,621 inmates covered by the agency's own evaluation (January 1984-September 1988), 338 were sentenced for "drug crimes" (to include all sales and possession of all narcotic substances). Of this number, 72.8% remained out of prison for at least three years following their release. We will attempt to gather, compile, and maintain on a continuing basis, data on those remaining on probation.

Unfortunately there is no way to tell how many of the other offenders may have been committing their crimes to feed their drug habit(s), but specifically targeted simple users and sellers appear to benefit well from their experience.

Should other details or information be requested, we will be happy to attempt to provide available data.

Sincerely,

David C. Evans
Commissioner

DCE:jad

Senate Permanent Subcommittee
on Investigations
EXHIBIT # 9

ATTACHMENTS TO TESTIMONY OF REBECCA L. BURKHART

A. Profile of Average Patient

B. Objective of Fulton County Alcohol and Drug Treatment Center

C. Services Provided by Fulton County Alcohol and Drug Treatment Center

D. Cost of Services and Source of Funding

E. 1988 Usage

F. Resources Needed

G. Fulton County Alcohol and Drug Treatment Center Application for Drug Abuse Treatment Waiting List Reduction Grant

ATTACHMENT A

FULTON COUNTY ALCOHOL AND DRUG TREATMENT CENTER

I. THE ATLANTA SUBSTANCE ABUSER

IS

DYING FOR TREATMENT

- A pregnant 20 year old woman who is HIV+ and homeless.
- A 15 year old boy who lies about his age (says he is 18) hoping to get a bed.
- A 25 year old male stating he is suicidal and a rapist.
- A 19 year old woman referred by her mother who is also an addict.
- The 27 year old woman who dies in police hand cuffs from an overdose.
- The 21 year old woman whose only contacts are her tricks.

THERE ARE NO BEDS OR OUTPATIENT SLOTS AVAILABLE

ATTACHMENT B

FULTON COUNTY ALCOHOL AND DRUG TREATMENT CENTER

OBJECTIVE

THE OBJECTIVE IS:

"TO PROVIDE COST EFFECTIVE SUBSTANCE ABUSE TREATMENT, BOTH INPATIENT AND OUTPATIENT TO FULTON COUNTY RESIDENTS, TRANSIENTS, AND THE HOMELESS. REFERRALS ARE FROM COMMUNITY AGENCIES, THE CRIMINAL JUSTICE SYSTEM, FAMILIES AND WALK-INS."

INFORMAL OBJECTIVE (HIDDEN AGENDA)

FIGHTING THE WAR ON DRUGS WITH TREATMENT - DEMAND SIDE WARFARE

ATTACHMENT C

SERVICE	ACTIVITIES
INPATIENT	
DETOXIFICATION (DETOX) (Medically supervised withdrawal from substance)	40 Beds - 5 to 7 day program 30 male/10 female Both alcohol and cocaine detoxification Group therapy twice a day Case Management AA/NA meetings daily HIV counseling and testing
SHORT TERM RESIDENTIAL TREATMENT PROGRAM (STRTP)	50 Beds - 28 day program 32 male/18 female Group therapy twice daily Case Management AA/NA meetings daily Aftercare placement - Halfway Houses Vocational Rehabilitation Counseling
OUTPATIENT	
DETOXIFICATION	40 Ambulatory Detoxification slots 5 day program - male or female Both alcohol and cocaine detoxification Group therapy daily Referred to NA/AA meetings Case Management Residential Support - Union Mission/ Salvation Army
DAY TREATMENT DAILY COUNSELING	15 slots - 28 day structured program Male or female Group therapy twice daily Case Management AA/NA meetings
WOMEN	Group Therapy - twice daily Outreach to potential female clients Networking community agencies serving women All inpatient women's services completely separate from inpatient men's services.

ATTACHMENT D

SERVICE	COST/UNIT 1988	TOTAL COST OF SERVICE
INPATIENT		
DETOXIFICATION -	$75.00/day ($525/stay) 5 day stay 13,221 patient days	$ 991,575
SHORT TERM RESIDENTIAL TREATMENT PROGRAM -	$70.00/day ($2,100/stay) 30 day stay	1,329,790
	$2,625.00/stay Detox plus 30 day program	$ 2,321,365
OUTPATIENT	$30/visit - 27,826 visits	834,780
		$ 3,156,145

SOURCES OF FUNDING	- 1988	
Fulton County	1,189,446	38%
State of Georgia	1,837,224	59%
Federal Government (via State of Georgia)	108,811	3%

ATTACHMENT E

1988 USAGE

TOTAL PATIENTS ADMITTED	7,000	
INPATIENT ADMISSIONS	3,000	98% Occupancy Rate
OUTPATIENT ADMISSIONS	4,000	
FIRST TIME IN TREATMENT	6,000	
HAD PRIOR TREATMENT	1,000	

These are young 20-35 year old people who are poly drug addicted - cocaine, alcohol, and marijuana.

25% of these clients are women.

ATTACHMENT F

RESOURCES NEEDED

ON SITE

- Without adding more beds - 230 more clients can be given the Residential Treatment Program if the Center had staff to work weekends. Currently the 30-day treatment program does not include weekend services. If the program operated on weekends, the same program can be offered in 22 days allowing space for 230 more clients/year.

- Total cost for counselors, nurses, drug screens, etc. - $700,000.

- No new facility is needed for this improvement.

RESOURCES NEEDED

OFF SITE

- Separate outpatient facility (current Center is too small for both services)
- Additional location with another 100 Inpatient beds
- Adolescent Inpatient and Outpatient treatment facility in ATLANTA
- Long term residential facility - 6 months
- Specialty facility for Intravenous Drug Abusers with AIDS

22-536 0 - 89 - 10

ATTACHMENT G

FULTON COUNTY ALCOHOL AND DRUG TREATMENT CENTER

II. PROGRAM DESCRIPTION

a. FULTON COUNTY ALCOHOL AND DRUG TREATMENT CENTER (ADTC)
265 Boulevard, N. E.
Atlanta, Georgia 30312
404-730-1675

b. Established 1974, expanded to accept drug clients in 1986.

c. ADTC is owned by Fulton County and operated by the Fulton County Health Department with support from the Georgia Department of Human Resources.

d. The use of cocaine/crack has increased dramatically in the Metropolitan Atlanta over the past few years. This increase has been reflected in the number of cocaine admissions to public treatment programs in the metro area. From State FY 84 to State FY 88 cocaine admissions to programs in the Metro area increased a staggering 1,241 percent. There is also a growing prevalence of polydrug abuse. There has also been an increase in the number of homeless individuals requiring drug treatment services. Public programs, such as ADTC which have traditionally served alcoholics, have expanded their services to accommodate the growing population of clients dependent on cocaine and other drugs.

e. The Center's residential beds have been continually full since January of 1988. This impact is attributed to the prevalence of "crack" cocaine use. A specific cocaine detoxification protocol is used with addicts whose drug of choice is cocaine. The program accepts referral from Community Mental Health Centers, the criminal justice system, other community agencies, families and walk-ins. ADTC is licensed for 90 beds (40 beds detoxification - 10 female, 30 male, 50 beds short term residential treatment - 12 female, 38 male) and provides services 24 hours per day 365 days a year. The program particularly serves inter-city street addicts fifty percent of whom have no permanent home address.

Outpatient admissions for 1988 totaled 7,000 with 6,000 never having had prior treatment, i.e., new addicts. Of these 7,000, the Center was only able to admit 3,000 for intensive residential treatment. Approximately 4,000 individuals seeking intensive residential treatment in 1988 were placed on the outpatient waiting list for residential services and provided a 6-day ambulatory detoxification program. Clients placed on outpatient detox who are waiting for a residential bed return to the Center daily for medication and outpatient groups. Frequently, clients will sleep/live in the Center's lobby hoping for a bed to become available rather than return to their street environment. Only one-third of the clients placed on outpatient (ambulatory) detoxification complete the 6-day program. They are then lost from treatment and return to the streets.

Clients presenting for treatment at Medical Intake routinely request the 30-day short term residential program. With only 50 beds available, only 608 patients per year are able to complete this program, or 9% of the 7,000 clients requesting intensive inpatient treatment. There are no other residential public substance abuse beds in downtown Atlanta.

f. The average patient is 20 to 35 years old, polyaddicted with cocaine being the primary drug of abuse. The population as an average is 86% black, 14% white, 75% male and 25% female.

g. During 1988, of the 1,400 women presenting for treatment at ADTC, 625 were able to receive inpatient detoxification. Only 200 were able to receive intensive inpatient treatment (residential 30-day program).

Thus far in 1989, at least three pregnant women are in-house on any given day. Several of these women were transferred to Grady Memorial Hospital to deliver their babies, then returned to ADTC to continue treatment.

h. Voluntary anonymous HIV testing/counseling has been offered by ADTC for approximately one year. Of the 776 inpatients who have requested testing, 8% tested seropositive. In the IVDA population, the seropositivity rate is 15%.

i. There appears to be an increasing trend for alcohol and drug treatment centers to become the first entry into the health care system for substance abusers. This is evidenced by a growing number of clients who become ill, think they are having a drug reaction, come to the Center and who, upon medical exam, are found to be demonstrating signs and symptoms of AIDS. ADTC refers these clients to Grady Memorial Hospital immediately.

j. The City of Atlanta currently has no public adolescent treatment center, therefore adolescent clients are lying about their age to receive treatment. See Atlanta Journal and Constitution article, May 29, 1989, describing a 15 year old boy who was treated after lying about his age.

k. The primary success of ADTC is serving as a point of entry to the thousands of addicts dying for treatment in metro Atlanta. The fact that ADTC offers treatment and hope to well over 7,000 annually, complicated by the fact that the majority of clients have no permanent address, makes follow-up statistics very difficult. If, however, our success rate is 50%, as most centers, we would boast 3,500 clients in recovery. Even if our success rate is 10%, then 700 clients in the Atlanta community would have benefited.

l. Several of the homeless shelters are requesting assured bed space for up to 10 clients a week. If Atlanta had a second 100-bed inpatient facility, it would be 100% occupied immediately - the demand is so great.

m. Outreach street teams need to be allowed to infiltrate shooting galleries to provide condoms, bleach, and treatment referrals in an effort to stop the AIDS epidemic (including pediatric AIDS) at the source. This is similar to the concept of undercover cops. There is a need to be aggressive if the demand side of the WAR ON DRUGS is to be effective.

n. The 1988 total Center expenditures and encumbrances were $3,135,475. The Center support is divided:

Fulton County	1,189,440	38%
State of Georgia	1,837,224	59%
Federal Government (via State of Georgia)	108,811	3%
	3,135,475	100%

o. Rebecca L. Burkhart
Center Director
(404) 730-1675
265 Boulevard, N.E.
Atlanta, Georgia
30312

Dr. William Elsea
Public Health Commissioner
(404) 572-2126
99 Butler Street
Atlanta, Georgia 30303

Dr. Richard Lyles
Deputy Commissioner
for Mental Health
(404) 572-2961
99 Butler Street
Atlanta, Georgia
30303

III. A description of how the program would establish and operate new treatment slots if financed by Drug Abuse Treatment Waiting List Reduction Grant.

ADTC is an alcohol and drug addiction speciality program serving Fulton County, Georgia, in the area of substance abuse, both in a residential and outpatient capacity. The Center does not have sufficient counseling and nursing staff to operate the residential 30-day short term residential treatment program 7 days a week. On Saturdays, Sundays and holidays, the Center does not provide its treatment program. If funding is made available, ADTC could hire sufficient staff to operate treatment programs 365 days per year, thereby processing clients through the same treatment program in 22 days which currently takes 30 days. This will not necessitate an increase in the actual number of beds, but the additional staff would better utilize the current resources available. Instead of 608 clients per year being provided intensive residential cocaine treatment, 830 clients would be able to participate.

An additional 180 Day Treatment slots would be created (double the current capacity). A mental health clinician would be hired to offer additional Day Treatment Services. Current group rooms would be utilized.

Staffing for the additional Residential Treatment slots would be a follows:

8 Counselors/Clinicians
4 Registered Nurses
1 Pharmacist

The new slots would be operational as soon as the new staff positions can be created and personnel hired.

All new slots would be used for addicts whose primary drug of abuse is crack/cocaine. These polydrug abusers also use marijuana and alcohol.

3. Current number of treatment slots:

a.	Outpatient	40 outpatient detoxification 15 Day Treatment - 180 slots per year
b.	Residential	50 beds - 608 slots per year

4. Current Annual Cost per slot:

		1988 Figures
a.	Outpatient	$814,125 or $30 per visit
b.	Residential	$2,321,350 or $2,684.80 per stay

See Attachment A for cost determination figures.

The cost of the new slots to be implemented are estimated at $140 per Day Treatment slot and $3,000 per residential slot due to cost-of-living increases for personnel, inflation, and other cost increases.

5. Proposed Number of Treatment Slots to be created by grant funds.

a. Outpatient	0
b. Residential	222
c. Day Treatment	180

6. Quarterly schedule for bringing new treatment slots into operation.

Quarter	Residential	Day Treatment
1		
2	222	180
3		
4		

7. Estimates of number of slots to be used for treatment of users of heroin, cocaine/crack, marijuana, amphetamine, drug/alcohol combined, and others (specify).

Drug of Abuse	Residential	Day Treatment
Heroin		
Cocaine/Crack	222	180
Marijuana		
Amphetamine		
Drug/alcohol comb.		
Other		

BUDGET FOR ADDITIONAL TREATMENT SLOTS

FULTON COUNTY ALCOHOL AND DRUG TREATMENT CENTER

Personnel	$301,400.00
Fringe Benefits	102,476.00
Equipment	100,000.00
Supplies	9,000.00
Other (Food, Medication, Laundry, Drug Screens, etc.)	202,200.00
Total Direct Charges	715,076.00
Program Income	-0-

Waiting List Information

Approximately 50 clients per day are assessed by Medical Intake. Clients are placed on Ambulatory Detox (outpatient) until a residential bed is available. Less than 50 percent of these clients will ever have the opportunity for a bed due to the physical impossibility. Ambulatory Detox patients are the waiting list for residential beds. When Ambulatory Detox is full, patients are placed on the waiting list to be evaluated. Most of these clients never return and have no permanent address.

In 1988, 16 new patients per day sought treatment for crack/cocaine at the hospital. In March of 1989, 23 new patients per day sought treatment for crack/cocaine. From these figures, it is estimated that 7,000 new patients will seek treatment in 1989. (20 per day x 365 days).

With only 608 residential intensive treatment slots and 15 outpatient intensive treatment slots, only 623 will receive adequate treatment or 9 percent of all new individuals seeking treatment.

In 1988, there were 4,000 people on the Residential waiting list who never received residential services. Of these 4,000 waiting for residential treatment, two-thirds or 2,640 never completed the 6-day outpatient detox program. The average waiting time for these clients was the full year. The demand for treatment far exceeds the Center's ability to supply treatment.

IV. DEMAND SIDE WAR ON DRUGS
TOP PRIORITIES FOR ATLANTA

a. Treatment should be readily available to all addicts who are seeking help. A cocaine addict rejected from treatment is at very high risk for dying from several causes including violence.

b. At least 100 additional inpatient treatment beds need to be made available to meet the growing demand from walk-in, community referral sources, the judicial system, and homeless shelters.

c. A separate public adolescent treatment facility needs to be created to provide inpatient, outpatient and community outreach programs.

d. Outpatient treatment programs need to be provided within each of the housing projects to ensure easy accessibility, to provide support to the recovering addict and to provide support for non-addicts. Programs similar to New Life in Bankhead Courts could be used as a model for other housing projects.

e. Additional halfway houses, as well as long term treatment facilities are critical to provide a supportive environment in which to stay clean and sober after clients have been discharged from the 30-day program. For the 608 clients currently leaving FCADTC, only 38 aftercare slots are available.

f. Education needs to be provided to communities and church groups, to encourage the concept of safe houses. "Safe Houses" will have positive rather than negative outcome within neighborhoods, by keeping recovering addicts off the streets and in supportive environments when the compulsion to use returns.

V. CLIENT HANDOUTS

a. FULTON COUNTY ALCOHOL AND DRUG TREATMENT CENTER

For the person who thinks (s)he may have a problem with alcohol and/or drugs, the Fulton County Alcohol and Drug Treatment Center is open around the clock, 24-hours a day, 7-days a week.

A staff of Medical Doctors, Registered and Licensed Practical Nurses, Pharmacists, and Counselors are available to work with the problem drinker/addict.

We are here as your friend to work with you, your problem, and your family.

WHAT TO EXPECT

If you are coming to the Fulton County Alcohol and Drug Treatment Center for the first time as a participant in the Substance Abuse Program, we ask that you do the following:

1. Upon entering the building, sign in at the front desk.

2. You will then need to go to the Reception area and present some form of identification; i.e., a driver's license, social security card, birth certificate, etc.

3. Afterwards, you will be asked to take a seat in the waiting area. You may expect at least a one-and-a-half hour waiting period prior to being called back to the Admissions' area.

4. From there, you will be called back to the Intake area, where a Nurse will ask you questions pertaining to your substance abuse. Then, you will once again be asked to have a seat in the waiting area.

5. The last step in the admissions process involves being seen by either a physician or a physician's assistant. After a complete assessment, the doctor or physician's assistant decides which type of treatment would be most beneficial for you. This may be either an Inpatient or an Outpatient program.

After an individualized treatment plan is decided upon, an assigned Case Manager will assist you in carrying out the plan.

Due to the demand for services, a long waiting period is often unavoidable. Please rest assured that someone will see you as soon as possible. Also, because of our high occupancy rate, beds for inpatient treatment are not always available. However, we will make every effort possible to provide you with the services that you need.

CLIENT HANDOUTS

b. FULTON COUNTY ALCOHOL AND DRUG TREATMENT CENTER

WAITING LIST CLIENTS

We are glad you chose to seek treatment for alcoholism or drug addiction. Unfortunately, all of our treatment slots are full at this time. We hope that you will continue to return to the Center daily for treatment as you are now on our priority waiting list for treatment. Please bring your yellow waiting list card with you when you return.

Each day at 4:00 p.m., we have an open substance abuse lecture in our hospital. You are welcome to attend and get an introduction to treatment.

There are other substance abuse facilities in Atlanta. They are:

Atlanta West Treatment Center
3201 Atlanta Industrial Parkway
Atlanta, Georgia 30331
(404) 699-4300

Health South Treatment Center
1660 Lakewood Avenue, S. W.
Atlanta, Georgia 30315
(404) 627-1385

DeKalb Addiction Clinic (DeKalb Co. Residents)
1260 Briarcliff Road., N. E.
Atlanta, Georgia 30306
(404) 894-5808

Northside Comprehensive
Community Mental Health Center
Alcohol and Drug Abuse Treatment Program
1000 Johnson Ferry Road, N. E.
Northside Hospital
Atlanta, Georgia 30342
(404) 851-8950

Help and Information Lines

A.A. - 525-3178 Al-Anon 843-0311 (Families)

N.A. - 237-6262

C.A. - 255-7787

VI. Treatment Statistics

1. Cocaine Admissions FY 84 - FY 88 Metro Atlanta (Ga. DHR Graph)

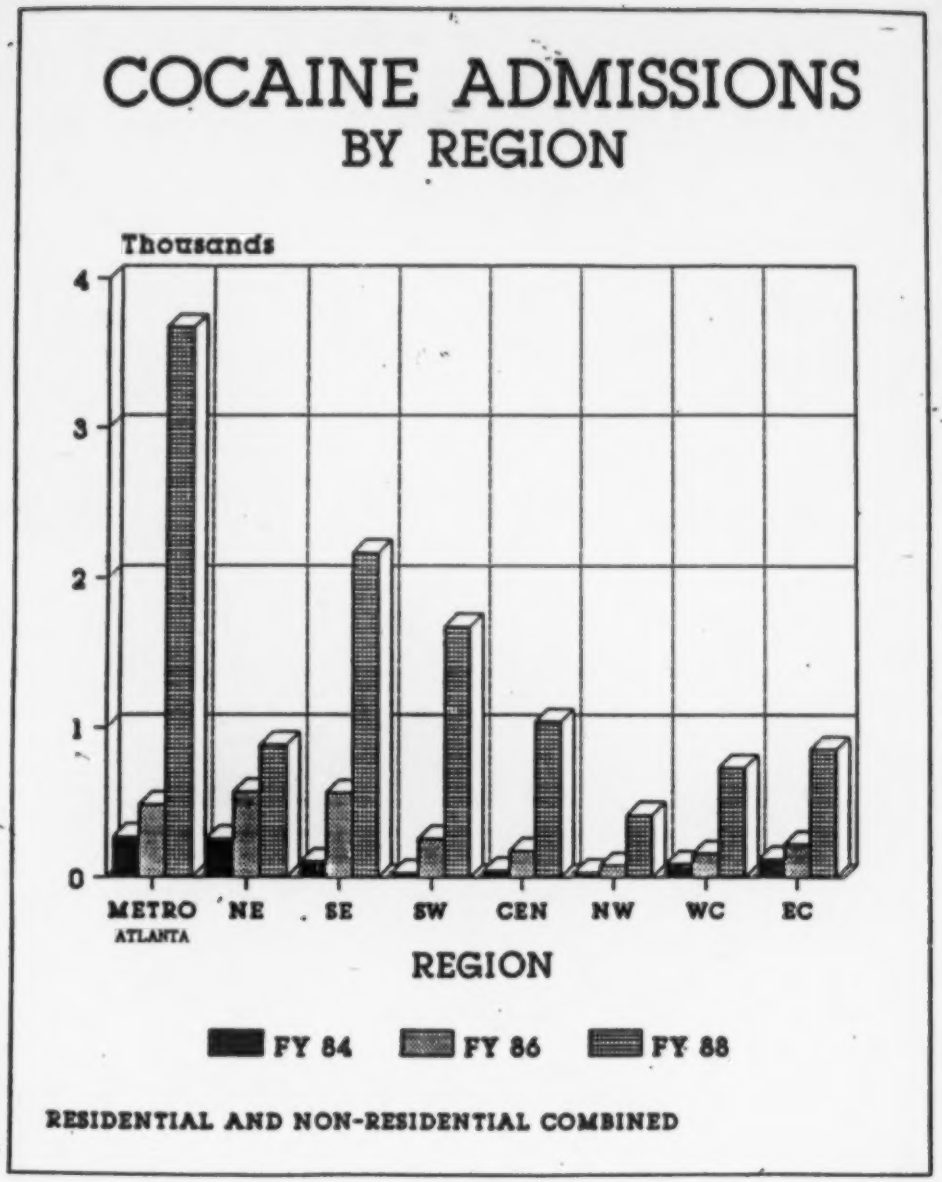
2. First Quarter Inpatient and Outpatient statistical comparison 1986 - 1989

3. Total Inpatient admissions comparison 1986 - 1988

4. Percentage Black inpatient admission/year 1981-1988

5. Priority for Admission

6. Long Term Residential Placement Data


COCAINE ADMISSIONS
BY REGION
Thousands
4
3
2
1
0
METRO ATLANTA
NE
SE
SW
CEN
NW
WC
EC
REGION
FY 84
FY 86
FY 88
RESIDENTIAL AND NON-RESIDENTIAL COMBINED

FULTON COUNTY ALCOHOL AND DRUG TREATMENT CENTER

FIRST QUARTER COMPARISONS BY YEAR

	1986		1987		1988		1989
Occupancy Rate	58%	20% ↑	78%	16% ↑	94%	10% ↑	104%
Patient Days	4,747	→	6,323	→	6,323	→	8,430

OUTPATIENT STATISTICS

COMPARISONS - FIRST QUARTER

	1986		1987		1988		1989
Total Contacts	7,374	7% ↑ →	7,960	3% ↑ →	8,162	23% ↑ →	10,591

FULTON COUNTY ALCOHOL AND DRUG TREATMENT CENTER

STATISTICAL COMPARISONS BY YEAR

	1988	1987	1986
INPATIENT ADMISSIONS	2937 (68) ↑	2869 (265) ↑	2604
NEW ADMISSIONS	2085 - 71%	1537 - 54%	1111 - 43%
RE-ADMISSIONS	852 - 29%	1332 - 46%	1493 - 57%
TRANSFERS TO 30-DAY PROGRAM	861 (262) ↑	599 (185) ↑	414
	(477 MORE TRANSFERS IN '89 THAN '86)		
OCCUPANCY RATE	98%	78%	61%
PATIENT DAYS	32,205 (6635) ↑	25,570 (5734)↑	19,836
	(12,369 MORE PATIENT DAYS IN '88 THAN '86)		

FULTON COUNTY ALCOHOL AND DRUG TREATMENT CENTER

PERCENTAGE OF BLACK INPATIENTS ADMISSIONS

BY YEAR

1981 - 43% of all Admissions were black patients

1982 - 44%

1983 - 46%

1984 - 48%

1985 - 50%

1986 - 57%

1987 - 66%

1988 - 80%

From 1981 through 1986, approximately one-half of the Fulton County Alcohol and Drug Treatment Center Inpatient admissions were black patients. In 1987, two-thirds of the Inpatient admissions were black patients. In 1988, 80% of the Inpatients were black. There has been a 30% increase in black Inpatient admissions in the past three years.

FULTON COUNTY ALCOHOL AND DRUG TREATMENT CENTER

REFERRAL SOURCES

FOR

PRIORITY ADMISSION

(1) FCADTC community staff (i.e., Wyeuca Johnson)

(2) Fulton County Community Mental Health Center

(3) DHR Street Team

(4) Georgia Addiction Pregnancy Program

(5) Public officials including FCADTC Advisory Council Members

(6) St. Luke's Homeless Health Clinic

(7) Bankhead Courts New Life Center - Walter Brock, Director

(8) Criminal Justice System - Courts, Probation, Parole

(9) Atlanta Housing Authority

(10) Waiting List Client with yellow card

(11) Other Public Hospitals or Treatment Facilities

(12)

FULTON COUNTY ALCOHOL AND DRUG TREATMENT CENTER

RESIDENTIAL PLACEMENT DATA

1988

		FACILITY	# OF BEDS CONTRACTED	EXPENDITURE/yr	AVERAGE # OF CLIENTS/MONTH	AVERAGE COST PER MONTH
	(1)	Men's Union Mission	15	$ 29,952	37	$2,496
	(2)	Salvation Army	10	13,792	20	1,150
	(3)	Woman's Union Mission	5	2,504	2	209
	(4)	St. Jude's	10	9,464	8	790
	(5)	C.A.R.P. (Women)	4	21,988	4	1,832
	(6)	C.A.R.P. (Regular) Men or Women	15	65,628	29	5,469
No longer in effect)	(7)	C.A.R.P. - Homeless Men or Women	5	41,850	6	3,487
	(8)	Village Atlanta Women & Children	4	30,270	4	2,522
	(9)	Stepping Stone	5	560	1	140
Total			73 Contracted Beds	$216,008	111	(Ave) $18,000/month
			30 Short Term			(Ave) 13.35/patient/day
			43 Long Term (38 for 1989)			

Martin Luther King, Jr.
Founding President

Senate Permanent Subcommittee
on Investigations

EXHIBIT # 10

Dr. Joseph E. Lowery
President

THE SOUTHERN CHRISTIAN LEADERSHIP CONFERENCE

S. C. L. C.
COMMUNITY BASED
ANTI- DRUG PROGRAM

"WINGS OF HOPE"

Prepared by Richard C. Dalton, National Director
of the S. C. L. C. Anti - Drug Program

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SPECIFIC AIMS

The purpose of the S.C.L.C. Anti-Drug Program is to reduce the demand for drugs, and eliminate drug trafficking in "high risk" communities. This will be accomplished through a collaborative effort involving churches, substance abuse agencies, community groups, Public Housing Tenant Associations, Police departments, community based youth groups, political representatives and their community based Anti-Drug groups.

Our overall purpose is to stop the flow of drugs and drug trafficking in our communities, through prevention and intervention educational components.

OBJECTIVES

The S.C.L.C. Anti-Drug Program goals and objectives are as follows:

I. To develop a comprehensive community based drug prevention model that can be replicated in other high risk communities.

II. To educate and train church groups, community groups, grass root organizations in drug prevention knowledge and strategies.

III. To develop youth empowerment programs that are community based, and designed to keep youth drug free and in school, and

IV. To develop an adoption program through churches and community groups, that would assist "at risk" families in high risk communities in making them less vulnerable to the drug trade and substance abuse. *(See News Article)*

During the period of our S.C.L.C. Anti-Drug Program we expect to reach, at least, ten- thousand (10,000) families and at-risk youth.

S.C.L.C has requested that churches throughout metropolitan Atlanta establish "drug prevention" committees within their congregations *(see article)*. Each committee can be made up of one or more persons. Subsequent to that, S.C.L.C. will establish training resource people to enable and equip these committees in the areas of: (1) Substance Abuse, (2) Aids, (3) Counseling Techniques and approaches for Aids and chemically addicted people, (4) How to establish Nar-A-Non, Narcotics Anonymous (NA), and Alcoholics Anonymous (AA) groups in the church, (5) How to organize the community around the church to do community based drug prevention strategies.

The churches selected are in high risk communities, i.e., high visibility drug trafficking, crime, and drug use. This is the first part of our program. The anticipated amount of time for this period is one (1) to three (3) months.

Following the first period there will be training on how to organize the community around the church, int he areas of: (1) coalition development (2) community /police coordination *(neighborhood watch/fellowship)*, developing community based workshops and seminars on Substance Abuse and Aids and, (4) how to develop community based youth empowerment programs. This period will take three (3) to six (6) months.

In the final stage of our program we will ask participating churches to adopt at least seven (7) families. The adoption will include family empowerment via:

1. Survival needs, i.e. food, clothing, etc.
2. Family Support Groups for single parent mothers (particularly teenage mothers)
3. Parenting skill development
4. Spiritual Guidance

Churches and community groups will be trained in phases. The number of churches participating in each phase of training is twelve (12). As each church and group completes one phase they will be moved on to the second period which is the community organizing phase (3-6 months). Subsequent to the second period of training each group will go on to the third stage which is the Adoption phase. The outline will look as follows:

Phase I: This is the period for participating churches to develop their own *"Drug Prevention Committees"*. Subsequent to this, S.C.L.C. will provide professional training for each D.P.C. (Drug Prevention Committee) in the area of:

A. Substance Abuse

B. Aids Education

C. How to establish Narcotics Anonymous groups and Nar-A-Non groups in the church.

D. How to do Church/Community Drug Prevention Workshops.

E. How to articulate Drug/Aids Prevention Data in the church "Christian Education Programs"

F. How to organize the community around each church to participate in Drug Prevention strategies.*

ONE TO THREE MONTHS

**NOTE:* *S.C.L.C. will coordinate the professional Substance Abuse Training Community.*

Phase II: During this period each D.P.C. will work in conjunction with S.C.L.C professional staff to mobilize and organize each designated community around each participating church. The organizing has four (4) major purposes in mind:

1. Coalition Development
2. Community/Police Coordination
3. Community Drug/Aids Education Development
4. Community-based Youth Empowerment Development
    a. Self-esteem
    b. Leadership Development
    c. Exploring Values

THREE TO SIX MONTHS

Phase III: This phase will focus on at-risk families in each participating community. This will be S.C.L.C.'s *"Wings of Hope"* program phase. Each participating church will be asked to adopt at least seven (7) families that will be identified as *"At-RisK"*, i.e., living near or below the poverty line, single-parent, female-headed households, with no family support systems. Adoption will include:

A. Identifying food, clothing, and other survival needs.
B. Development for support groups for mothers.
C. Empowering mothers with "parenting skill development".
D. Spiritual guidance.

SIX TO EIGHTEEN MONTHS

During all three (3) phases there will be Marches, Rallies, Anti-Drug Fairs in concentrated drug trafficking areas. These Marches, Rallies and Fairs will take place no less than every other month throughout the duration of the S.C.L.C. Anti-Drug campaign. The key to success is consistency and committment.

Each church will meet at a central place for orientation and training *(Southside Community School)*. The Morehouse School of Medicine, *"The Cork Institute on Black Alcoholism and Drug Abuse"*, will help provide the training. Dr. Omawale Amuleru Marshall is the Director and will help design and develop appropriate curriculum.

In addition, the *Atlanta West Intake and Treatment Center* and *AIDS Atlanta*, will aslo assist with our initial training. All agencies involved with training will meet periodically throught the duration of the project to make any modificiations; and/or changes to insure program training continuity and effectiveness.

TRAINING EVALUATION

In order to insure and measure the acquisition of skill and knowledge of each participant will be administered a pre-post test inventory. Such areas as substance abuse knowledge, drug prevention knowledge, Aids knowledge, Pharmacology of drugs knowledge, and any other information received in the training, will be pre-post tested. This will give each participant some understanding of their retention of material presented, and also help assess the effectiveness of trainers and curriculum.

sclc

NEWS ARTICLES

Religion

The Atlanta Journal ☐ THE ATLANTA CONSTITUTION ····· Saturday, April 8, 1989

7 Churches Trying Extended Anti-Drug Program

2-Year SCLC Plan Would Aid Families And Educate Leaders in At-Risk Areas

By Gustav Niebuhr
Staff Writer

In an effort to save Atlanta's neighborhoods from drugs and crime, seven inner-city churches are cooperating to launch a new war against drugs, following a plan that blends education, political activism and social outreach.

The plan, prepared by the Southern Christian Leadership Conference (SCLC), is crucial, said the Rev. Richard Dalton, if Atlanta is to avoid becoming the next "murder capital," a name now applied to Washington, D.C.

"One of the concerns the SCLC has — and one of my personal concerns — is that the drug problem, like the AIDS problem, has its greatest effect on minorities," said the Rev. Dalton, program coordinator for the SCLC. "And what we want is to empower the black community to insulate itself against drug abuse. Hopefully, this program will accomplish that. If we're going to win the war on drugs, we've got to win it on the demand side, not the supply side."

Church leaders will raise the banner of their anti-drug effort with a march from the steps of the state Capitol to the doorsteps of nearby Capitol Homes on April 17.

But they have pledged themselves to much more: The SCLC program calls for at least two years' commitment to such plans as educating community leaders about drugs and working one-on-one with very poor families whose members risk being recruited into the drug trade.

"We're committed to the long haul," the Rev. Dalton said. "We're not into quick-fix projects."

Pastors involved in the program say churches — as the moral focus of their neighborhoods — are a natural place to start working with local people to attack the plague of drugs.

"A church is, as Christ says, the salt of the earth. We are the seasoning in the community," said the Rev. Preston W. Williams, pastor of St. Paul A.M.E. Church, 1540 Pryor Road S.W., which has joined the program. "A church is the conscience of the community."

Like the Rev. Williams's church, located near the Carver Homes project, all the churches in the program are close to areas afflicted by drugs, the Rev. Dalton said. "We wanted to start with the high-risk community areas."

A detailed paper, drawn up for the churches by the SCLC, calls for a three-part strategy lasting at least two years. It would begin with educating key church members about drugs, addiction and self-help groups for addicts.

These church members will attend weekly sessions, beginning April 18, to be taught by Dr. Omowale Marshall, director of the Cork Institute on Black Alcohol and Drug Abuse at Morehouse College, with assistance from the Atlanta West Intake and Treatment Center on Atlanta Industrial Boulevard.

The more knowledge church members have about drugs and ad-

7 CHURCHES Continued on 30A

Atlanta Churches Participating In the Program

Atlanta Metropolitan Christian Center, 750 Mercer St. S.E.

Cascade United Methodist Church, 875 Cascade Ave. S.W.

Christ Community Church, 3400 Greenbriar Parkway S.W.

Flipper Temple A.M.E. Church, 580 Fair St. S.W.

Rice Memorial Presbyterian Church, 857 Sims St. S.W.

St. Mark A.M.E. Church, 3808 Campbellton Road S.W.

St. Paul A.M.E. Church, 1540 Pryor Road S.W.

7 Churches Band Together In Drug Effort

From Page 29A

diction, the better their chances may be of helping their community fight them, the Rev. Dalton said.

The SCLC paper calls on churches to spread high knowledge into their neighborhoods, teaching local residents about addiction, organizing anti-drug youth groups and working with police on ending the drug trade.

Finally, the paper calls for churches to take a serious responsibility for poor families, who may be especially vulnerable to the lure of drugs and the drug trade. The churches should consider "adopting" families, providing their essential needs and teaching family members basic living skills.

The concept is that the church will become an extended parent to families that don't normally go to church," the Rev. Dalton said. The targeted families will be those headed by young, unwed mothers living in public housing who have long been isolated from churches and social agencies.

In addition, the churches will hold a series of highly visible events, such as marches, rallies and anti-drug fairs, to remind the public of their commitment to the program.

"I like that it's a long-term program, rather than a one-shot deal," said the Rev. Reuben Thomas, assistant pastor of Cascade United Methodist Church, 875 Cascade Ave. S.W., which is also participating in the program.

She added that if the program appears to work as an anti-drug effort that the Rev. Dalton helped organize in Washington last year, then other churches may join in.

The Rev. Dalton served as minister of a church in Washington's Fairlawn section last year, as area afflicted by the crack cocaine trade. After drug-related crime hit members of his congregation, the Rev. Dalton led an effort to create the Fairlawn Coalition, a neighborhood group that set up drug counseling workshops, organized block patrols and worked with police and local politicians to clean up the area.

"This is a community problem," the Rev. Dalton said. "And when I say community, I mean both black and white community, and the entire community from local groups to the mayor and state officials need to be involved in some direct way, so that the city of Atlanta will not become the next 'murder capital' in the United States, because that's what we're moving toward if we don't do something."

The Rev. Dalton said the SCLC would welcome help from members of other churches who have special skills in drug abuse or family counseling. "They should contact the SCLC office, ask for me, and then we can work out a plan to include them in the overall drug-prevention program," he said.

SCLC & Ministers Declare War On Drugs

BY LATISSA S. ALLEN

Phase I of the Southern Christian Leadership Conference's (SCLC) newly-organized war against drugs officially began this week at Southside High school in Southeast Atlanta.

Photo by GANNETT

SCLC War On Drugs — On the Georgia State Capitol steps the Rev. Richard Dalton, SCLC program coordinator, and supporting ministers declared a city-wide "war on drugs" in Atlanta. Last week demonstrators staged a rally and march from the capitol to Capitol Homes Apartments, one of the areas considered highly vulnerable to drug-related crimes.

The two-year anti-drug campaign is a commitment of the SCLC and seven metropolitan area churches to stamp out drugs in their surrounding communities. The effort was recently kicked off by a rally which took marchers from the steps of the Capitol to Capitol Homes Apartments.

During Phase I of this three step strategy, participating churches will develop drug prevention committees within their local assemblies. SCLC will train and equip these congregations to handle the city's growing drug problem.

"Members will attend session once a week," said Rev. Richard Dalton, program coordinator for SCLC and founder of the anti drug campaign. The seminars are

See SCLC, page 6

SCLC

Continued from page 1

taught by Dr. Omowale Marshall, director of the Cork Institute on Black Alcohol and Drug Abuse at Morehouse College.

Target areas for the war on drugs include: Capitol Homes, Carver Homes, Perry Homes, Techwood Homes, Glen Meadows and Herndon Homes. According to police, these areas are known for high drug-related crimes and drug trafficking.

Phase II and III of the plan will focus mainly on families and youth of Atlanta. Each church will be asked to adopt at least seven families that may be at risk of becoming victims of drug abuse or drug dealing. The organization has listed those living close to poverty levels, single parent or female-run households as being more vulnerable to drug related crimes.

The churches will provide food, clothing and spiritual guidance to the adopted families. "The goal is to empower a family to raise a child who will say no to drugs," said Dalton.

Through the campaign, the SCLC will continue to stage rallies, marches, and anti-drug fairs in the city.

Supporters of the anti-drug war include U.S. Attorney Robert C. Barr, Jr. "The drug problem is the number one federal law enforcement priority in the Northern district of Georgia and we support the SCLC's efforts," stated Barr.

In the future, Dalton plans to expand the strategy to include Los Angeles, Dallas, Chicago, Detroit and Birmingham.

SCLC Seeking to Deal Deathblow to Drugs

State Rep. Ralph David Abernathy III (left) and the Rev. Richard Dalton (right) of the Southern Christian Leadership Conference (SCLC) help carry a coffin Monday during an SCLC rally against drugs. They marched from the state Capitol to Capitol Homes, where they discussed with about 75 residents the SCLC's new campaign to help communities fight drugs. A campaign orientation session for participants will be held tonight at 7:30 at Southside High School.

NICK ARROYO/Staff

Prison Sentence 'Not Enough,' Says '81 Slaying Victim's Family

By Elizabeth Coady
Staff Writer

After eight years of waiting, Gwen Pollard's moods alternated between relief and frustration Monday as her niece's murderer accepted a minimum 30-year prison sentence.

Ronald William Browner, who fought for four years to withdraw an earlier guilty plea, pleaded guilty Monday in Clayton County Superior Court to murder for the June 1981 stabbing of Vanessa Choice.

"We feel that that's not enough for what he did," said Ms. Pollard of Greensboro, N.C., Ms. Choice's aunt. "I don't think he deserves to live. In the same sense, it relieves us of a lot of pressure that we've been under for a while."

Clayton District Attorney Robert E. Keller, who had rejected a plea bargain for months, said he accepted the arrangement because Browner also agreed to plead guilty to the rape and armed robbery of a Fulton County woman and because of concerns about the time that had elapsed in both cases. Browner had never been tried on the Fulton charges, which might have been dismissed for lack of a speedy trial.

Clayton Superior Court Judge

PRISON Continued on 6C

JOHN SPINK/Staff

Clergy March Against Drugs

The Rev. Joseph E. Lowery (right) leads a march of clergy and other concerned persons, singing "Up with hope; down with dope," around the Techwood Homes housing project Saturday in an effort to fight drug dealing in the area.

THE CINCINNATI ENQUIRER

MO

JUNE 18, 1989 SUNDAY

A GANNETT NEWSPAPER

FINAL/Single-copy price $1.25

A battle cry against drugs

New campaign s launched n West End

Y JANE PRENDERGAST
e Cincinnati Enquirer

The basketball court behind ashburn Elementary School was ay Saturday morning, a loud ime going on between teams of en-agers.

The youth paid little attention the minister across the parking t, in spite of his bullhorn and ight blue robe.

Yet, whether the boys knew it not, the robed clergyman and hers gathered around him came save the boys' lives.

"There is no more urgent dan- r facing us today than drugs,"

(Please see DRUGS, Page A-4)

The Cincinnati Enquirer/Dick Swain

The Rev. Donald Fairbanks, left, shakes hands with the Rev. Fred Shuttlesworth as Saturday's anti-drug march began.

Drugs

CONTINUED FROM PAGE A-1

the Rev. F.L. Shuttlesworth said, his harsh tone blaring around the adjacent shopping center. "This is a life-and-death situation. And we have to save our youth."

Shuttlesworth, pastor of Greater New Light Baptist Church in Avondale, is an officer in the Southern Christian Leadership Conference, an Atlanta-based religious and civil rights organization made famous by the late Rev. Martin Luther King Jr. The SCLC is sponsoring a new nationwide anti-drug campaign.

The organization's commitment will be marked by the forming of anti-drug task forces, education programs and monthly rallies. Clergymen in Dayton, Cleveland and Columbus also are participating.

On Saturday, singing "The Battle Hymn of the Republic," the local group of more than 60 people gathered behind the school; the group included 16 clergymen and civic leaders such as Mayor Charles J. Luken, several judges and Councilman Reggie Williams. They marched over a mile through the neighborhood.

Churches must be involved because "it's the church's duty to lift up, to give people something to look up to," Shuttlesworth said. "It's just time to do something, and we have to be the ones to get it started."

The Rev. Dwight Wilkins, of the Baptist Ministers Conference, stressed that the West End, home to more than 13,000 Cincinnatians and the Laurel Homes public housing development, isn't being singled out as the city's worst drug-ridden area.

"It's simply a place to start," he said. "We're here to say we're with these people, we're here, we'll help."

Black churches ready to join drug war

By David E. Keppie
STAFF WRITER

Dayton's black churches are "primed and ready" to go on the attack against the drug problem, and the national office of the Southern Christian Leadership Conference has a plan to help.

The Rev. Richard C. Dalton, national program coordinator for the SCLC, outlined the group's anti-drug program Thursday to a group of ministers, as well as Mayor Richard Clay Dixon and officials from the Greater Dayton Council of Churches.

The anti-drug campaign debuted in Atlanta, where the SCLC is based, two months ago under the auspices of seven inner-city churches. The SCLC is now trying to take the program to other cities where the organization is active.

The three-phase program would be developed over a two-year period, using volunteers at first. But Dalton said Atlanta's participants are seeking federal money from the Office of Substance Abuse and Prevention to provide some full-time staffing for the effort.

Under Phase I of the program, each participating church in Dayton would establish a drug prevention committee. SCLC will provide expert help to coordinate drug prevention training and counseling for each church.

Phase II would provide training for churches in high-risk areas where drugs are prevalent for developing community-based drug prevention strategies. As part of this phase, the churches would try to find drug-free youths to serve as role models.

In Phase III, participating churches would be asked to "adopt" at least seven families in drug-infested areas. The churches would provide food, clothing and spiritual guidance to the adopted families. "The goal is to empower a family to raise a child who will say no to drugs," said Dalton.

To heighten public awareness, anti-drug marches, rallies and fairs in drug-infested areas would be held on a monthly basis for the duration of the program, Dalton said.

Dalton emphasized that the program would complement existing anti-drug efforts, such as the attempts by Concerned Christian Men to shut down local crack houses.

Mayor Dixon said it will be up to local churches to take the SCLC plan and develop it in a way that's compatible with Dayton's needs.

"This falls right in line with what we were talking about several weeks ago when we held the press conference saying that the minority community needs to get involved with the drug problem here locally," Dixon said.

DO NOT

SHOOT DRUGS

You can get the virus if you shoot drugs. Sharing needles to shoot IV drugs is also risky behavior. Blood containing the AIDS virus may be left on the needle or in the syringe and passed on to the next user.

You have learned that AIDS is a disease caused by the HIV (human immunodeficiency virus). You know the risk increases if you use drugs, have many sex partners, and shoot drugs.

The best thing you can do for yourself is to enter a drug treatment program. But until you do...remember:

If you share your works, you may share AIDS.

Prepared by

SCLC/W.O.M.E.N NATIONAL AIDS MINORITY INFORMATION EDUCATION AND TRAINING PROGRAM
330 Auburn Ave., N.E.-Suite 216
Atlanta, Georgia 30303
(404) 681-AIDS

You can reduce your chances of getting the AIDS virus if you:

- Do not share needles, syringes or cookers—even with someone you know.
- Do not have sex with people who have AIDS or who might have the AIDS virus (gays, prostitutes, other IV drug users, or bisexual men).
- Have sex with only one person. This lowers your chances of getting AIDS. But you still need condoms to be safe.
- Use rubbers for all types of sex. Also use foam, cream or jelly with nonosynol-9 in it. This chemical may kill the AIDS virus.

Prepared by

SCLC/W.O.M.E.N. NATIONAL AIDS MINORITY INFORMATION EDUCATION AND TRAINING PROGRAM
330 Auburn Ave., N.E., Suite 216
Atlanta, Georgia 30303
(404) 681-AIDS

Senate Permanent Subcommittee
on Investigations
EXHIBIT # 11a

COCAINE: THE BIG LIE

1986-1988

To counter increasing cocaine use among older teenagers and young adults, the National Institute on Drug Abuse (NIDA) launched a multimedia Cocaine Abuse Prevention Campaign, "Cocaine. The Big Lie," in March 1986. This public service campaign, developed by DDB Needham Worldwide, under the auspices of The Advertising Council, Inc., focused on the addictive qualities of cocaine, its potential for producing severe health consequences and the need to seek treatment. The campaign was composed of print, radio and television public service announcments (psa's) which were distributed to broadcasters nationwide. In support of this campaign, NIDA established an 800-toll-free telephone number, 1-800-662-HELP, which directs users to treatment facilities in their local community.

Because the target audience of the campaign, the 18-35 year old cocaine users, tended to be very resistent to antidrug messages, the key to the campaign was to use credible "message givers" whom they would listen to. Therefore, the campaign's creative strategy used ex-cocaine users who had gone through treatment, but still experienced the serious consequences of their addiction, ie., they lost every thing--job, marriage, health. The principal goal was to deglamorize cocaine use and undermine the myths that cocaine is harmless and socially acceptable. The users' actual words and the close-up photography of the spots produced tremendous credibility with the principal target audience and the general public. In fact, at the time when star athlete Len Bias died of a cocaine overdose, few people in the general population knew that cocaine could seriously affect the heart. But this campaign had featured an ex-user who said, "One night my heart freaked out. I thought I was gonna die." See attached print advertisements with the actual scripts that were used in the psa's.

In addition to the "real" people, NIDA worked with the White House and the Office of the Commissioner of Baseball to incorporate non-user spokespeople for the Campaign. Former First Lady Nancy Reagan appeared in one of the spots. In addition, NIDA worked with the Baseball Commissioner's Office to film two baseball superstars, Mike Schmidt and Reggie Jackson, who gave direct cocaine prevention messages for young people. These spots had invaluable primary target audience exposure since they were broadcast at every nationally-televised baseball game from the "All-Star Game" through the World Series in 1986. Given this excellent exposure, and other results we could measure, it is estimated that we received approximately $120 million in free air time for the campaign. (As a comparison, the Media-Advertising Partnership for a Drug-Free America, which is currently conducting a 5-year antidrug campaign, receives about $150 million as a result of extensive negotiations with all of the networks and other communications companies.)

22-536 0 - 89 - 11

Page 2 - Cocaine Campaign (Continued)

The campaign was the culmination of an extensive media strategy beginning in 1984, which was based on the release of two NIDA monographs on cocaine, press activities on cocaine use patterns as reported by our High School and Household Surveys, and the medical consequences reported by the Drug Abuse Warning Network (DAWN) system, and public-speaking engagements and conferences, including a large conference on cocaine abuse for the entertainment community to begin to engage them in developing television programming on cocaine abuse.

In 1988, NIDA released the last phase of the "Cocaine: The Big Lie" which is designed to reach teenagers on crack and provide help to family members of cocaine users. Crack is particularly dangerous because it is highly potent and relatively cheap when it is first used. Young people can become addicted in a short period of time. Featuring film star, Michael J. Fox, the spot for teenagers emphasizes the need for good healthy decision-making despite the pressures to use drugs. The second spot was based on information collected from NIDA's hotline, which showed the importance of helping family members find support for themselves and approaches to getting their loved ones into drug abuse treatment.

Currently available are two booklets on cocaine: Cocaine/Crack. The Big Lie., and When Cocaine Affects Someone You Love, designed for family members of cocaine users. These booklets are distributed by the National Clearinghouse for Alcohol and Drug Abuse Information.

The Drug Abuse Information and Referral Line, 1-800-662-HELP, was established in conjunction with the "Cocaine: The Big Lie" campaign, but it now provides help to drug abusers in general, and to intravenous drug abusers and their families with AIDS prevention information. The hotline directs callers to drug abuse treatment programs in their area, discusses how drugs affect people, and what kind of help is available. About 6,000 callers receive assistance monthly. Nearly 200,000 callers have received help in the first three years of the program.

###

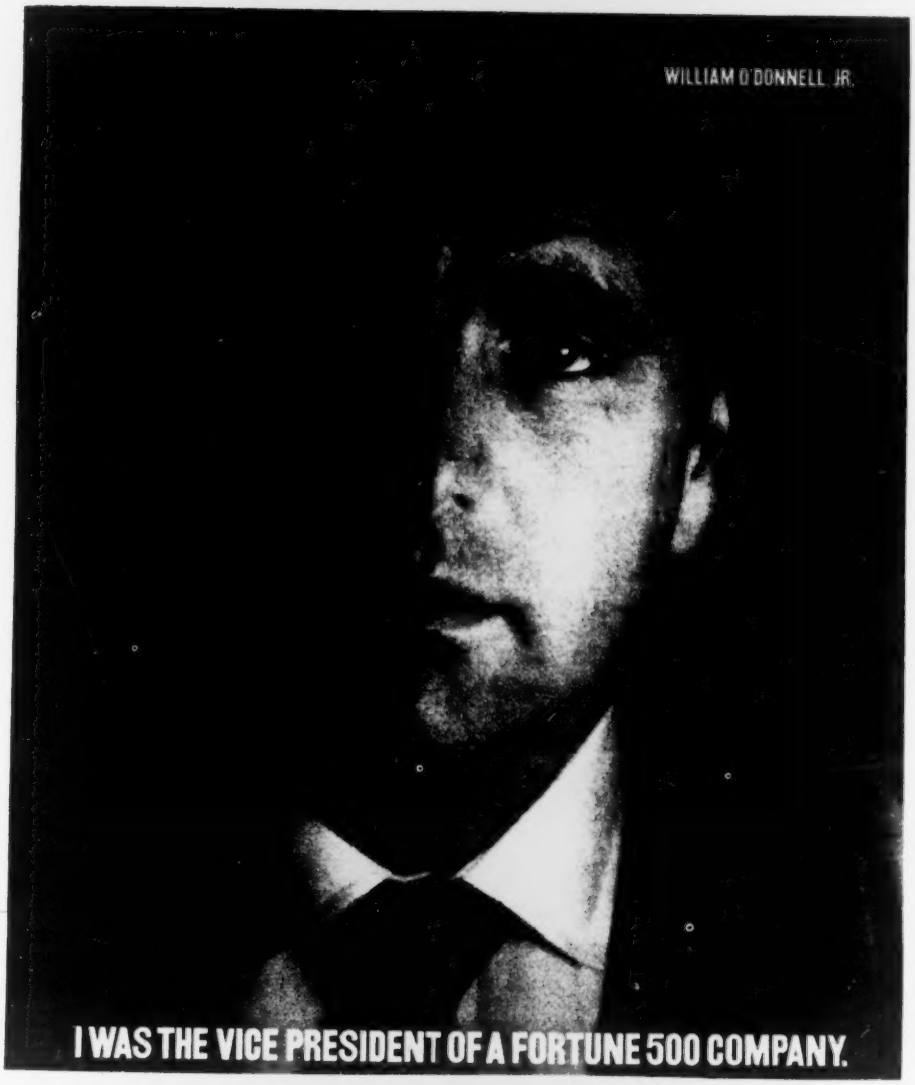
Contact Person: Susan Lachter David
443-1124

That's what's crazy about cocaine. And all along I lied to myself because I was ashamed.

Anyone tells you cocaine's not addictive, they lie.

One night my heart freaked out. I thought I was going to die. I risked my health, jail and the people who loved me. I knew I had to stop.

COCAINE. THE BIG LIE. CALL 1-800-662-HELP.

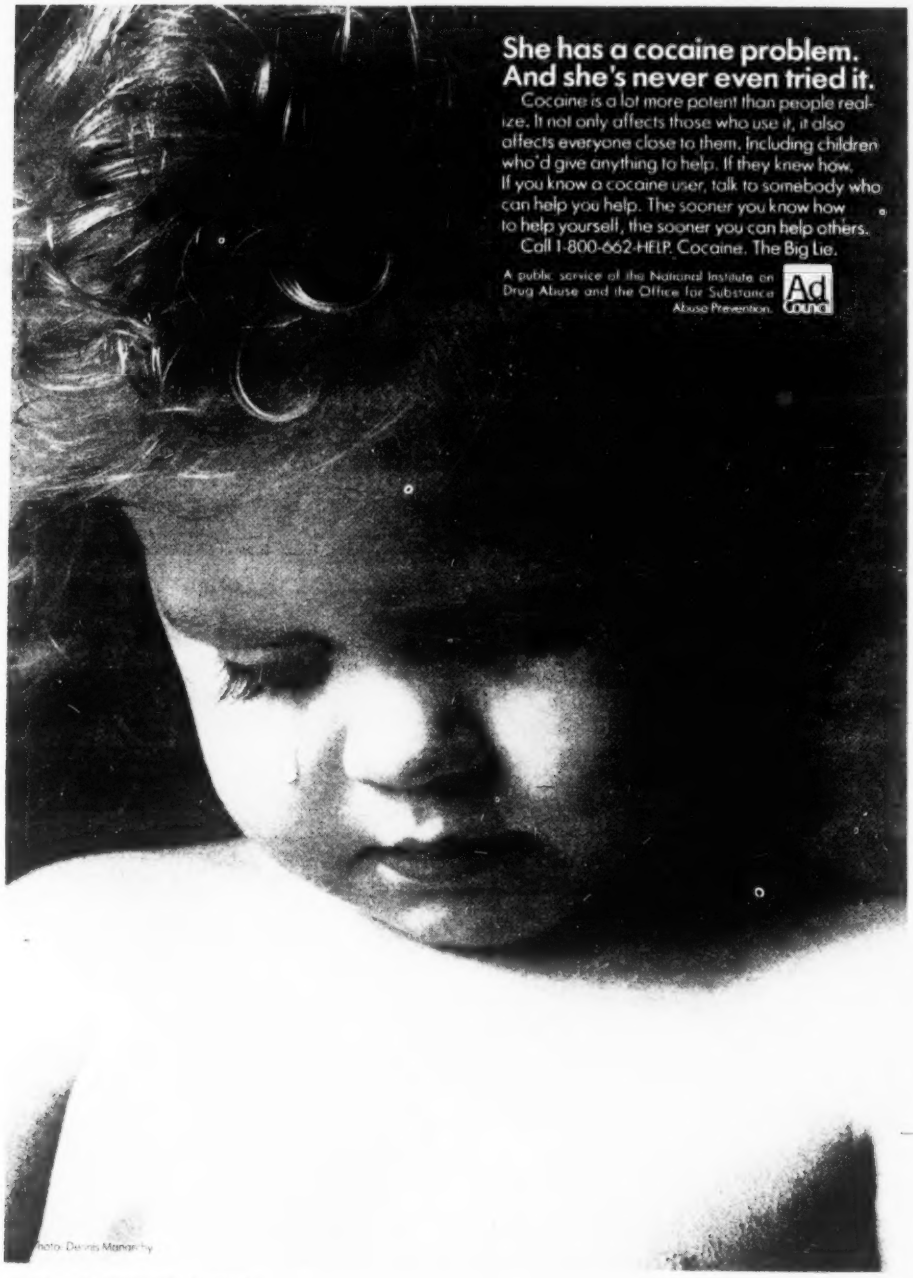


I had a beautiful family, a big house in the suburbs, everything I wanted. Then I got into cocaine and I almost lost it all. It's a lie that cocaine's not addictive. I didn't choose to be an addict. Quitting cocaine was the only thing I couldn't do by myself.

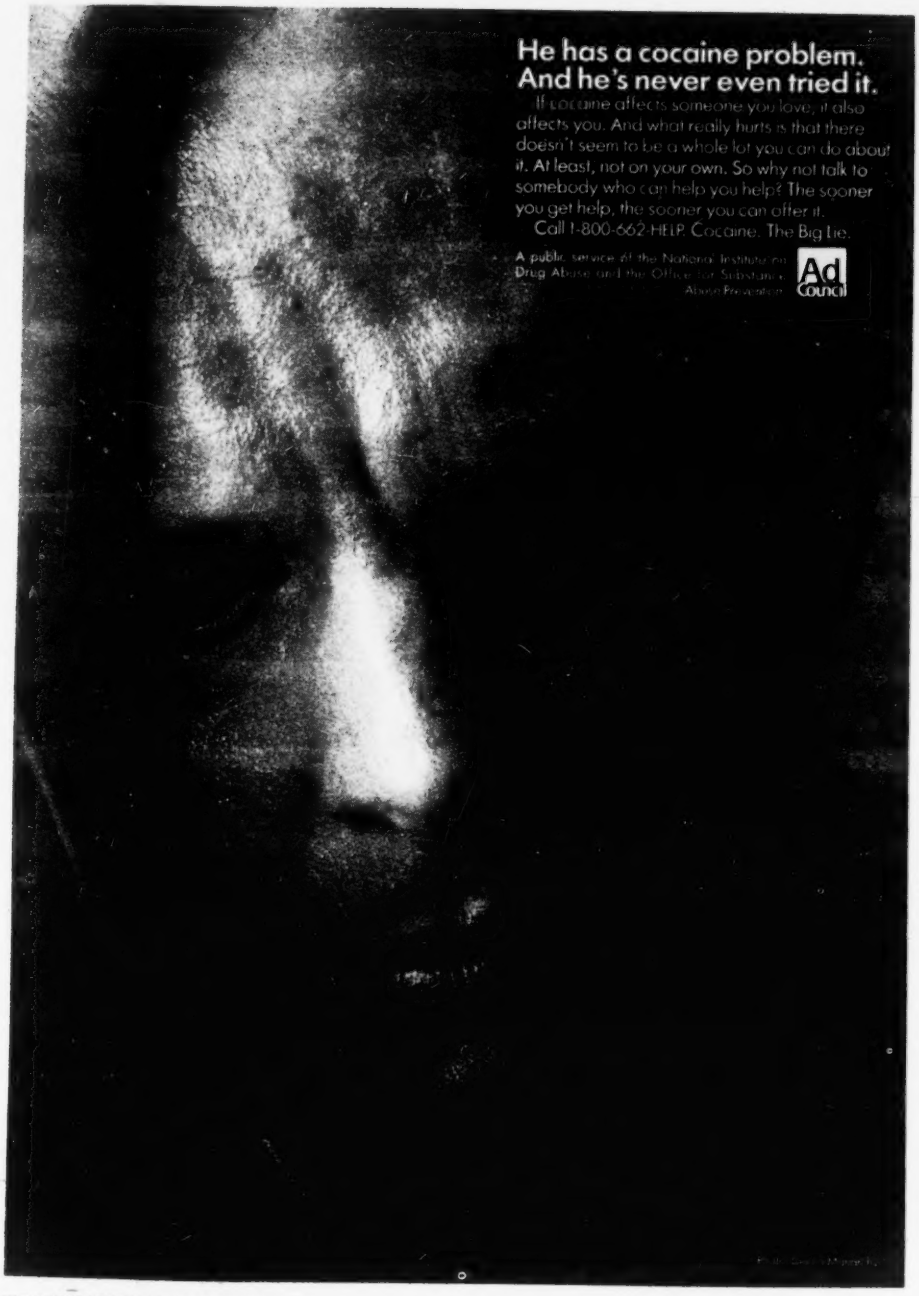
I'll be a recovering addict day by day for the rest of my life.

COCAINE. THE BIG LIE. CALL 1-800-662-HELP.

Ad Council

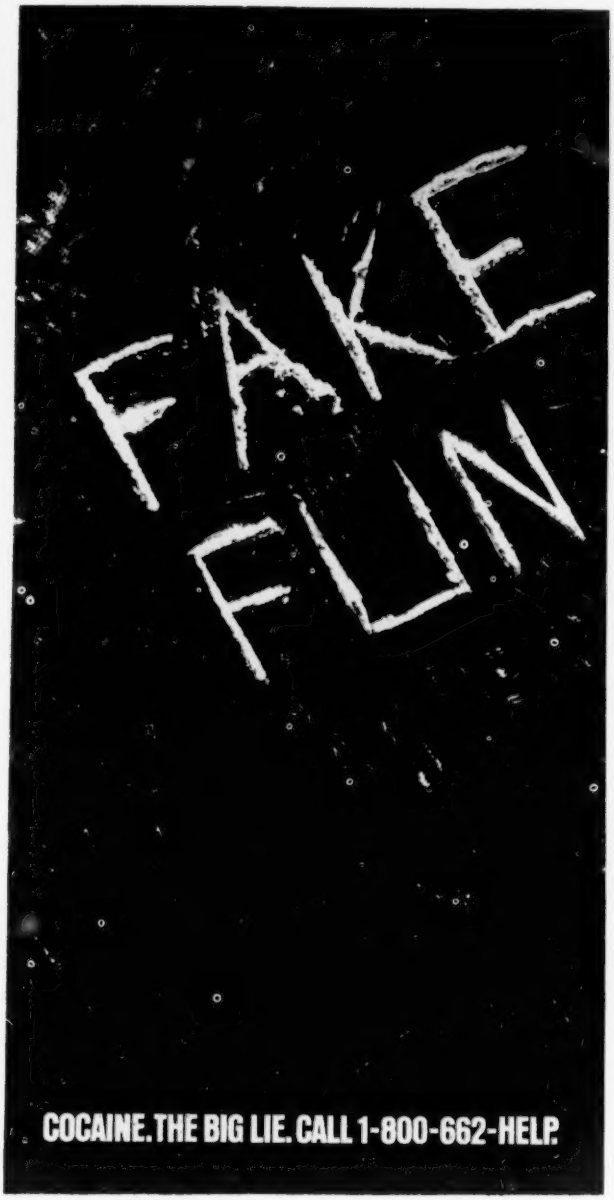


DRUG ABUSE PREVENTION CAMPAIGN
MAGAZINE AD NO. DAP-2422-88—7" x 10" [110 Screen]
Volunteer Advertising Agency: DDB Needham Worldwide, Inc. Volunteer Coordinator: Victor Galef, Roter Consumer Pharmaceuticals, Inc. **CM-6-88**



DRUG ABUSE PREVENTION CAMPAIGN
MAGAZINE AD NO. DAP-2420-88—7" x 10" [110 Screen]
Volunteer Advertising Agency DDB Needham Worldwide, Inc., Volunteer Coordinator Victor Galef, Rorer Consumer Pharmaceuticals, Inc. **CM-6-88**

DRUG ABUSE PREVENTION CAMPAIGN
MAGAZINE AD NO. DAP-2421-88—7" x 10" [110 Screen]
Volunteer Advertising Agency: DDB Needham Worldwide, Inc. Volunteer Coordinator: Victor Gatel, Rorer Consumer Pharmaceuticals, Inc. **CM-6-88**

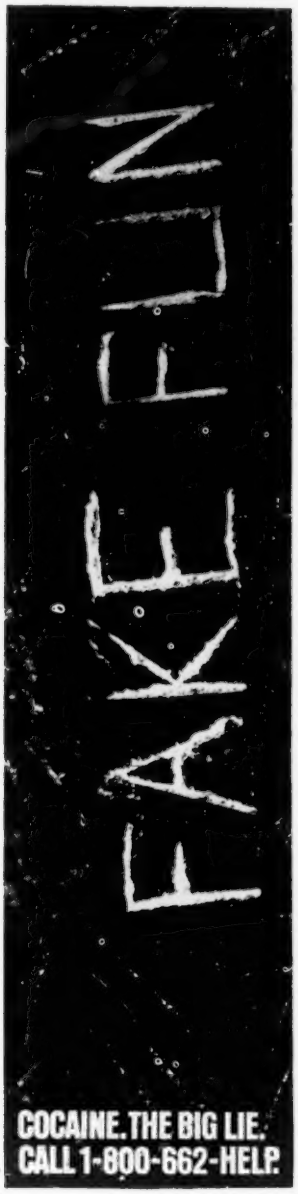


A public service of the National Institute on Drug Abuse and the Office for Substance Abuse Prevention

Ad Council

DRUG ABUSE PREVENTION CAMPAIGN
MAGAZINE AD NO. DAP-2423-88 — 4⅜" x 10" [110 Screen]

CM-6-88



A public service of the National Institute on Drug Abuse and the Office for Substance Abuse Prevention

Ad Council

DRUG ABUSE PREVENTION CAMPAIGN
MAGAZINE AD NO. DAP-2425-88
2¼" x 10" [110 Screen]

CM-6-88

Senate Permanent Subcommittee on Investigations
EXHIBIT # 12

STATE OF GEORGIA

Department of Defense

Military Division

OFFICE OF THE ADJUTANT GENERAL
POST OFFICE BOX 17965
Atlanta, Ga.
30316-0965

REPLY TO ATTENTION OF

MG JOSEPH W. GRIFFIN
THE ADJUTANT GENERAL

GaNG Drug Interdiction/Eradication Support

Radar Interdiction - Georgia Air National Guard Tactical Control Squadrons have an ongoing initiative with several civil law enforcement agencies to conduct radar surveillance operations along the Georgia coast. Additionally, GaANG is attempting to provide the same support along the Florida coast.

One Georgia Air National Guard Tactical Control Squadron was deployed to the Caribbean to provide radar support for the federal drug interdiction initiative.

Support to Office of National Drug Control Policy (ONDCP) - The Georgia Army National Guard provides OV-ID Mohawk drug interdiction support missions to ONDCP on a continuing basis. Missions are flown in concentrated 15-day periods and on a monthly basis. All missions are flown out of Miami, Florida.

Support to the Governor's Drug Task Force - Current support to the Governor's Task Force is in the form of UH-1 helicopter missions. Helicopters provide an aerial platform to be used to search for marijuana growing fields. Ten one-week missions are scheduled between May 1, 1989 and September 30, 1989. Additionally, UH-1's are used to transport law enforcement officers into remote areas.

Loan of Equipment - Conducted equipment loans of various types to the Georgia Bureau of Investigation for drug operations. The equipment loaned included night vision devices (for night surveillance operations) and fuel tanks (for support of drug interdiction/eradication operations).

June 28,1989

MG JOSEPH W. GRIFFIN

DRUG SUPPRESSION AND INTERDICTION

TODAY I WOULD LIKE TO DISCUSS A SUBJECT THAT IS IMPORTANT TO ALL OF US – THE WAR ON DRUGS.

GEORGIA HAS BECOME ONE OF THE MOST ACTIVE STATES IN OUR NATION AS FAR AS DRUG TRAFFICKING IS CONCERNED. THE EFFECTS OF THIS ARE SEEN THROUGHOUT GEORGIA.

EVEN TINY GEORGIA TOWNS HAVE BEEN FEATURED IN U.S. NEWS AND WORLD REPORT AND OTHER NATIONAL MEDIA AS BEING "CRACK" CAPITOLS.

THERE HAS BEEN A LOT OF DISCUSSION AT BOTH THE FEDERAL AND STATE LEVEL THAT BOILS DOWN TO – LET'S GET THE NATIONAL GUARD AND THE FEDERAL TROOPS INVOLVED IN THIS WAR.

TO HELP YOU BETTER UNDERSTAND THIS, I NEED TO GIVE YOU SOME BACKGROUND.

THE NATIONAL GUARD – AS SET FORTH IN OUR CONSTITUTION – IS A STATE MILITIA UNDER THE CONTROL OF THE GOVERNOR – WHEN NOT IN THE SERVICE OF THE FEDERAL GOVERNMENT.

PART OF ARTICLE 1, SECTION 8, OF THE CONSTITUTION, COMMONLY KNOWN AS THE MILITIA CLAUSE, READS – CONGRESS SHALL HAVE THE POWER TO PROVIDE FOR ORGANIZING, ARMING, AND DISCIPLINING, THE MILITIA, AND FOR GOVERNING SUCH PART OF THEM AS MAY BE EMPLOYED IN THE SERVICE OF THE UNITED STATES, RESERVING TO THE STATES RESPECTIVELY, THE APPOINTMENT OF THE OFFICERS, AND THE AUTHORITY OF TRAINING THE MILITIA ACCORDING TO THE DISCIPLINE PRESCRIBED BY CONGRESS.

THE NATIONAL GUARD HAS THREE DISTINCT DUTY CATEGORIES.

THE FIRST OF THESE IS FEDERAL STATUS – TITLE 10 - THE SAME AS ACTIVE DUTY. THE GUARD IS IN FEDERAL STATUS WHEN CALLED BY THE PRESIDENT IN TIME OF EMERGENCY, WHEN CALLED TO DUTY FOLLOWING A DECLARATION OF WAR, AND WHEN THE GUARD IS ON FEDERAL ACTIVE DUTY FOR TRAINING OVERSEAS.

IN THIS STATUS, THE SOLDIERS AND AIRMEN ARE SUBJECT TO THE UNIFORM CODE OF MILITARY JUSTICE FOR DISCIPLINE.

STATE ACTIVE DUTY IS THE STATUS OF THE GUARD WHEN IT IS CALLED UP BY THE GOVERNOR. IN MOST CASES THIS OCCURS DURING EMERGENCIES SUCH AS FOREST FIRES, SNOW STORMS, FLOODS, AND CIVIL DISORDER.

A RECENT EXAMPLE OF THIS – WE PUT 1,700 GUARDSMEN ON THE STREETS OF FORSYTH COUNTY IN 1987 DURING THE CIVIL RIGHTS MARCH THERE.

THE STATE MUST PAY ALL COSTS OF STATE ACTIVE DUTY, SUCH AS, THE PAY OF THE SOLDIERS AND THE COSTS OF THE EQUIPMENT. THE SOLDIERS IN THIS STATUS ARE DISCIPLINED BY STATE STATUTES.

THE THIRD CATEGORY IS INACTIVE AND ACTIVE DUTY FOR TRAINING. (WEEKEND DRILLS AND SUMMER CAMP). IN THIS CATEGORY, THE SOLDIER OR AIRMAN IS PAID BY THE FEDERAL GOVERNMENT TO PARTICIPATE IN MILITARY TRAINING FOR THE FEDERAL MISSION OF THE GUARD. BUT, THEY ARE STILL UNDER CONTROL OF THE STATE.

UP UNTIL 1981, THERE WAS LITTLE THAT THE MILITARY – EITHER ACTIVE OR RESERVE COMPONENT – COULD DO BECAUSE OF THE RESTRICTIONS OF THE "POSSE COMITATUS ACT".

THIS WAS ENACTED IN 1878 AT THE END OF RECONSTRUCTION IN THE SOUTH BY CONGRESS TO PROHIBIT THE MILITARY FROM ENGAGING IN LAW ENFORCEMENT ACTIVITIES.

IT SAYS: QUOTE – WHOEVER, EXCEPT IN CASES AND UNDER CIRCUMSTANCES EXPRESSLY AUTHORIZED BY THE CONSTITUTION OR ACT OF CONGRESS, WILLFULLY USES ANY PART OF THE ARMY OR THE AIR FORCE AS A POSSE COMITATUS OR OTHERWISE TO EXECUTE THE LAWS SHALL BE FINED NOT MORE THAN $10,000 OR IMPRISONED FOR NOT MORE THAN TWO YEARS, OR BOTH. END QUOTE.

IN 1981, THE CONGRESS PASSED "THE MILITARY COOPERATION WITH LAW ENFORCEMENT OFFICIALS ACT" WHICH MODIFIED "POSSE COMITATUS".

THE NEW LEGISLATION AUTHORIZED THE MILITARY TO PROVIDE FEDERAL, STATE AND LOCAL LAW ENFORCEMENT WITH INFORMATION COLLECTED DURING ROUTINE MILITARY OPERATIONS WHEN THE INFORMATION WAS RELEVANT TO A VIOLATION OF FEDERAL OR STATE LAW.

THE LAW ALSO ALLOWED THE LOAN OF MILITARY EQUIPMENT AND SUPPLIES TO CIVIL LAW ENFORCEMENT AGENCIES.

IT ALLOWED THE MILITARY TO TRAIN LAW ENFORCEMENT PERSONNEL IN THE OPERATION OF SUCH EQUIPMENT AND PERMITTED MILITARY PERSONNEL TO ASSIST CIVILIAN LAW ENFORCEMENT OFFICIALS UNDER LIMITED CIRCUMSTANCES.

THE ACT WAS FURTHER MODIFIED IN 1986 TO LOOSEN SOME OF THE RESTRICTIONS.

ALL OF THIS OPENED THE DOOR FOR GREATER GUARD OPERATIONS.

********** PAUSE **********

THE NATIONAL GUARD HAS BEEN INVOLVED IN DRUG ERADICATION AND INTERDICTION EFFORTS SINCE 1977.

THE FIRST OPERATION INVOLVED THE HAWAII NATIONAL GUARD ON STATE ACTIVE DUTY PROVIDING ASSISTANCE TO LOCAL LAW ENFORCEMENT AGENCIES IN THE IDENTIFICATION, SEIZURE AND DESTRUCTION OF DOMESTICALLY GROWN MARIJUANA.

BY 1983, THE NATIONAL GUARD HAD BECOME INVOLVED IN ERADICATION AND INTERDICTION EFFORTS ON THE MAINLAND.

THE SUPPORT INVOLVED THE LOAN OF EQUIPMENT SUCH AS NIGHT VISION DEVICES, AIR AND GROUND TRANSPORTATION, AERIAL SURVEILLANCE, COMMUNICATIONS AND OTHER LOGISTICAL SUPPORT.

AGAIN, THE GUARD WAS NOT INVOLVED IN FACE-TO-FACE CONFRONTATIONS WITH SUSPECTED DRUG TRAFFICKERS.

IN 1982, THE GOVERNOR OF GEORGIA FELT THAT THE GEORGIA GUARD COULD PLAY A ROLE IN GEORGIA'S DRUG WAR.

AS A RESULT, A MEMORANDUM OF UNDERSTANDING WAS ACCOMPLISHED THAT ESTABLISHED THE GBI AS THE LEAD AGENCY IN GEORGIA'S DRUG TASK FORCE.

GOVERNOR HARRIS CONTINUED AND GAVE EVEN GREATER EMPHASIS TO THIS PROGRAM.

MANY OF OUR PEOPLE, PARTICULARLY OUR PILOTS, WERE SPECIALLY TRAINED BY THE GBI IN SPOTTING MARIJUANA PLANTINGS, SUSPICIOUS LOOKING AIRCRAFT AT AIRPORTS AROUND THE STATE, AND RECOGNIZING ACTIVITIES THAT MIGHT INDICATE DRUG TRAFFICKING.

IT WAS UNDERSTOOD, RIGHT FROM THE BEGINNING, THAT OUR SOLDIERS AND AIRMEN WOULD NOT ENGAGE IN LAW ENFORCEMENT.

THEY WOULD NOT BE ALLOWED TO ARREST OR DETAIN SUSPECTS. AND, THEY WOULD NOT KNOWINGLY BE PLACED IN A HOSTILE OR DANGEROUS ENVIRONMENT.

HOWEVER, THEY WOULD REPORT ALL SUSPICIOUS ACTIVITIES TO THE GBI WHO WOULD, IN TURN, TAKE SUCH ACTIONS AS THE DEEMED APPROPRIATE.

BETWEEN 1983 AND 1988, THE NATIONAL GUARD OF 32 STATES AND TERRITORIES -- WITH GEORGIA AS A LEADING EXAMPLE -- HAD BECOME MORE INVOLVED IN SUPPORT OF LAW ENFORCEMENT.

THE SUPPORT WAS PROVIDED DURING STATE ACTIVE DUTY MISSIONS AND IN AN INDIVIDUAL OR UNIT TRAINING STATUS (PAID FOR BY THE FEDERAL GOVERNMENT BUT UNDER THE CONTROL AND SUBJECT TO THE LAWS OF THE RESPECTIVE STATES).

THIS COMBINING OF TRAINING SUPPORT WAS MUTUALLY BENEFICIAL AND RESULTED IN MILLIONS OF DOLLARS WORTH OF DRUGS BEING IDENTIFIED AND SEIZED.

IN 1988, THE GUARD PARTICIPATED IN A SERIES OF TEST PROGRAMS WITH THE BORDER PATROL, U.S. CUSTOMS SERVICE AND THE DRUG ENFORCEMENT ADMINISTRATION.

THE PROGRAMS INVOLVED SEARCH OF COMMERCIAL CARGO AT SELECTED PORTS, LONG RANGE RADAR TO DETECT AND REPORT LOW FLYING AIRCRAFT ENTERING THE COUNTRY THROUGH AIR CORRIDORS FREQUENTED BY DRUG SMUGGLERS AND THE USE OF AIRBORNE DETECTION EQUIPMENT TO IDENTIFY POSSIBLE SEABORNE SMUGGLING OPERATIONS.

GUARD INVOLVEMENT WITH LOCAL, STATE AND FEDERAL LAW ENFORCEMENT AGENCIES IN 1987 AND 1988 RESULTED IN THE SEIZURE OF MORE THAN $2.6 BILLION IN ILLEGAL DRUGS.

IN 1988, CONGRESS APPROPRIATED $300 MILLION TO THE DEPARTMENT OF DEFENSE FOR USE IN THE WAR IN DRUGS. A MINIMUM OF $40 MILLION WAS SET ASIDE FOR USE BY THE NATIONAL GUARD. GEORGIA'S SHARE OF THAT IS OVER $280 THOUSAND.

THE NATIONAL GUARD BUREAU HAS STATED THAT, "THE NATIONAL GUARD WILL BE USED FOR DETECTION AND MONITORING THROUGH AERIAL SURVEILLANCE AND PHOTOGRAPHY, RADAR SURVEILLANCE, LONG-RANGE RECONNAISSANCE, ASSISTANCE IN SEARCHING CONTAINERS, AND THE TRANSPORTATION AND TRAINING OF LAW ENFORCEMENT PERSONNEL.

NO PLAN INVOLVES DIRECT PARTICIPATION OF NATIONAL GUARDSMEN IN POLICE ACTIVITIES SUCH AS ARREST AND SEIZURE."

PREVIOUSLY, FUNDS FOR THE SUPPORT OF THE GEORGIA GUARD OPERATIONS HAVE COME OUT OF OUR TRAINING BUDGET -- OUT OF OUR HIDE.

THIS EXTRA MONEY ($280 THOUSAND) MEANS THAT WE WILL BE ABLE TO DO MORE OF THE SAME THING, BUT DEVOTED SOLELY TO DRUG SUPPRESSION – NOT TIED IN WITH TRAINING.

DURING 1989 WE WILL CONDUCT FIVE TYPE OPERATIONS FUNDED BY THIS APPROPRIATION. THEY INCLUDE:

* AERIAL SEARCH FOR CULTIVATED MARIJUANA

* AERIAL TRANSPORTATION OF LAW OFFICERS

* AERIAL TRANSPORTATION OF SEIZED PROPERTY

* AERIAL INTELLIGENCE OPERATIONS

* GROUND RADAR TRACKING OF LOW-FLYING AIRCRAFT.

WE IN THE NATIONAL GUARD BELIEVE THAT THE NATIONAL GUARD CAN AND DOES HAVE A LEGITIMATE ROLE IN SUPPORTING - - I REPEAT – SUPPORTING THE WAR ON DRUGS.

GUARD UNITS HAVE PERSONNEL, SKILLS, EQUIPMENT, TRAINING AND A GEOGRAPHIC DISPERSION OVER MORE THAN 3,600 COMMUNITIES NATIONWIDE.

AS MEMBERS OF THE COMMUNITY, GUARD MEMBERS AND LEADERS SEE THE GUARD AS MORALLY BOUND TO ASSIST TO THE MAXIMUM EXTENT POSSIBLE BY LAW.

THE LAW ENFORCEMENT AGENCIES THAT THE GUARD HAS SUPPORTED IN THESE EFFORTS FULLY ENDORSE CONTINUED PARTICIPATION.

AND AS I MENTIONED EARLIER, THE ADDITIONAL MONEY APPROPRIATED BY CONGRESS WILL PERMIT EVEN GREATER PARTICIPATION.

WE HAVE A VERY CLOSE RELATIONSHIP WITH THE GBI, GEORGIA DEPARTMENT OF PUBLIC SAFETY AS WELL AS ALL FEDERAL ANTI-DRUG AGENCIES.

HOWEVER, THE GUARD DOES NOT BELIEVE IT HAS AN APPROPRIATE ROLE IN ACTUAL FACE-TO-FACE LAW ENFORCEMENT – PERSONAL ARRESTS, PERSONAL SEARCH – REPLACING OR PERFORMING THE ACTUAL LAW ENFORCEMENT DUTIES OF THE POLICEMAN ON THE STREETS.

SOLDIERS ARE NOT TRAINED TO BE LAW ENFORCEMENT OFFICERS. THE REAL MISSION OF THE TWO IS MILES APART.

********** PAUSE **********

DRUG RELATED CRIME AND DEATHS IN OUR NATION'S CAPITOL AND ON THE STREETS OF MAJOR CITIES AROUND THE COUNTRY HAVE ELICITED CRIES TO – "CALL OUT THE NATIONAL GUARD".

THOSE PROPONENTS FOR THE CALLING OUT THE GUARD – THAT I HAVE TALKED TO – ENVISION GUARD MEMBERS CORDONING OFF AREAS OF THE CITIES, ARRESTING DRUG TRAFFICKERS, SECURING NEIGHBORHOODS, ENFORCING LAWS AND MEETING THE DRUG TRAFFICKER EYE-BALL TO EYE-BALL, HEAD ON, ON THE CITY STREETS.

THESE PROPOSALS HAVE EVOKED LOUD CRIES OF SUPPORT FROM SOME QUARTERS AND LOUDER VOCAL OPPOSITION FROM OTHERS.

THERE ARE AT LEAST TWO ASPECTS TO THE PROPOSALS.

FIRST, COULD THE NATIONAL GUARD PERFORM SUCH A MISSION?

SECONDLY, SHOULD THE NATIONAL GUARD BE DIRECTED TO EXECUTE SUCH A MISSION?

TO ANSWER THE FIRST – YES, THE GUARD COULD DO IT. A MILITARY UNIT IS CAPABLE OF ACCOMPLISHING THESE TASKS – IN A MILITARY FASHION UNDER MILITARY RULES.

THE QUESTION OF SHOULD THE NATIONAL GUARD BE DIRECTED TO TAKE TO THE STREETS TO EXECUTE THE PROPOSED MISSIONS DOES NOT OFFER NEARLY AS CLEAR AN ISSUE NOR AS SIMPLE AN ANSWER.

THE FIRST ISSUE TO RESOLVE IS – WHAT IS THE OBJECTIVE? HOW CAN ATTAINMENT BE MEASURED? AND, IS THE OBJECTIVE ACHIEVABLE?

NORMALLY, CALLING OUT THE GUARD WOULD BE CONSIDERED A SHOCK TREATMENT, A SURGE OF MANPOWER AND EQUIPMENT TO ACHIEVE A SPECIFIC GOAL – RESTORE PEACE, CLEAR THE SNOW, TAKE THE FACILITY, PREVENT LOOTING, EVACUATE THE INJURED, AND AID THE ENDANGERED.

THE GUARD IS CALLED WHEN THERE ARE IMMEDIATE, LIFE-THREATENING CIRCUMSTANCES THAT EXCEED THE CAPABILITY OF LOCAL AUTHORITIES.

THE CALL HAS NEVER BEEN A LONG-TERM SOLUTION, BUT RATHER A TEMPORARY ACTIVITY DESIGNED TO OVERCOME AN IMMEDIATE AND GRAVE PROBLEM.

THUS, THE ESTABLISHMENT OF A CLEAR OBJECTIVE IS PARAMOUNT.

WHAT EXACTLY DO WE WANT TO ACCOMPLISH IN THIS WAR THAT WE ARE WAGING?

THE ANSWER IS SIMPLE ENOUGH – STOP DRUGS!!!

BUT – LET'S EXAMINE THE ISSUE.

MILITARY OBJECTIVES ARE RELATIVELY SIMPLE – TAKE THE HILL.

********** PAUSE **********

IN MILITARY TERMS, OBJECTIVES ARE ABLE TO BE EXECUTED, MEASURED AND EVALUATED. MOST OF THE TIME THE MEASURE IS SUCCESS OR FAILURE – NO MIDDLE GROUND.

THE MILITARY IS TRAINED, EQUIPPED AND MANNED TO WIN OR LOSE IN SIMPLE BLACK AND WHITE TERMS – NO GRAY AREAS.

"STOP DRUGS" PRESENTS A LESS CLEAR OBJECTIVE AND AN ENVIRONMENT THAT DEALS IN MANY "GRAY" AREAS.

WE WOULD ALL LIKE A BLACK AND WHITE VICTORY IN THE WAR ON DRUGS, BUT WE MUST DECIDE WHAT CONSTITUTES VICTORY AND AT WHAT PRICE.

THE GUARD COULD CORDON OFF AN AREA OF A CITY. BUT, IF WE'RE NOT GOING TO TOTALLY CUT OFF ACCESS TO THE OUTSIDE AREAS, WHAT DO WE ACCOMPLISH? – A GRAY AREA.

DO WE WANT THE GUARD TO CONTROL OUR ACCESS TO CERTAIN NEIGHBORHOODS?

DO WE WANT THE ARMED SOLDIERS CONFRONTING US ON STREET CORNERS?

DO WE WANT THE MILITARY OR THE POLICE SEARCHING US AS WE ENTER AND EXIT CERTAIN NEIGHBORHOODS?

ARE WE PREPARED TO ACCEPT A CURFEW ON OUR PERSONAL ACTIVITIES?

DO WE LIMIT IT ONLY TO CERTAIN NEIGHBORHOODS?

ARE THERE CONSTITUTIONAL ISSUES INVOLVED?

IS A DECLARATION OF MARTIAL LAW REQUIRED OR LEGAL?

THESE ARE ALL GRAY AREAS.

POLICE POWER IS RESERVED TO CIVILIAN GOVERNMENT IN OUR COUNTRY. ARE WE PREPARED TO EMPOWER THE MILITARY TO MAKE ARRESTS OF CIVILIANS IN OUR COUNTRY?

DOES GIVING POLICE POWERS TO SOLDIERS GO BEYOND THE ISSUE OF DRUG ENFORCEMENT?

ARE SUCH ARRESTS MADE UNDER MARTIAL LAW OR CIVIL LAW?

WHO WILL INDEMNIFY THE ACTIONS OF THE SOLDIER ON THE STREET?

WHAT ARE THE SOLDIERS' RIGHTS?

MARTIAL LAW, AS WE HAVE SEEN IN THIRD WORLD COUNTRIES, CAN BE A VERY POTENT MOTIVATOR. CONVERSELY, WE HAVE SEEN IT EVOKE EVEN MORE VIOLENT REACTION FROM THOSE WHO HAVE LOST CERTAIN FREEDOMS. A GOOD EXAMPLE TODAY IS PALESTINE.

ARE WE PREPARED TO CHANGE OUR DAY-TO-DAY LIVES TO ACCOMMODATE A CERTAIN KIND OF MARTIAL LAW AS IS BEING DISCUSSED? ARE WE PREPARED TO FOREGO CERTAIN CIVIL LIBERTIES?

ARE WE PREPARED TO ALLOW THE MILITARY TO HAVE THESE POWERS ON ALL THE STREETS OF ALL THE CITIES OF ALL THE STATES?

OR, IS THE ASSUMPTION THAT THE TROOPS WILL ONLY BE ON THE STREETS OF THE OTHER PERSON'S NEIGHBORHOOD.

WHAT IS THE PRICE OF CALLING OUT THE GUARD? OUR PLANNING FIGURE IS $100 PER DAY PER SOLDIER OR AIRMAN ON STATE ACTIVE DUTY. THIS COVERS SALARY, FOOD, EQUIPMENT, ETC.

ARE WE PREPARED TO TELL EMPLOYERS OF GUARD MEMBERS THAT THEIR EMPLOYEES ARE ON DUTY AND THEY'LL NOT RETURN UNTIL THE WAR ON DRUGS IS WON?

WHAT DO WE TELL THE SOLDIER WHO WAS MAKING FIVE TO 20 TIMES HIS GUARD SALARY IN THE CIVILIAN JOB MARKET?

WHAT DOES HE TELL HIS CREDITORS? (IN TIME OF WAR THIS IS ALL PROVIDED FOR IN THE SOLDIERS AND SAILORS RELIEF ACT).

TYPICALLY, THE GUARD IS CALLED OUT FOR A FEW DAYS IN TIME OF GREAT EMERGENCY.

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IT IS NOT A SUBSTITUTE FOR THE LOCAL AUTHORITIES, BUT RATHER AUGMENTATION IN TIME OF GREAT NEED.

HOW MUCH TIME WILL IT TAKE TO WIN THE WAR ON DRUGS AND WHAT CONSTITUTES VICTORY FOR THIS PURPOSE?

THE GEORGIA GUARD HAS BEEN A FULL, CONTRIBUTING MEMBER OF GOVERNOR HARRIS' TASK FORCE FOR A NUMBER OF YEARS. WE HAVE PLAYED AN IMPORTANT PART IN THE IDENTIFICATION AND SUBSEQUENT SEIZURE OF SIGNIFICANT QUANTITIES OF DRUGS.

I WOULD LIKE TO CITE TWO EXAMPLES.

ON ONE OCCASION, ONE OF OUR AIR GUARD RADAR UNITS WORKING IN THE FLORIDA PANHANDLE WITH THE GBI, FLORIDA LAW ENFORCEMENT, THE U.S.

CUSTOMS AND THE DRUG ENFORCEMENT ADMINISTRATION, LOCKED ONTO AN AIRPLANE COMING NORTH FROM THE GULF OF MEXICO.

THEY VECTORED A CHASE PLANE THAT FOLLOWED THE AIRCRAFT TO AN AIRFIELD IN WEST VIRGINIA. THE PILOT OF THE DRUG AIRCRAFT WAS FRANTICALLY THROWING OUT BALES OF MARIJUANA ALL THE WAY.

BY THE TIME THE CHASE PLANE LANDED, THE DRUG PILOT WAS GONE. AUTHORITIES FOUND ABOUT 800 POUNDS OF MARIJUANA STILL ON BOARD. THE PILOT HAD LEFT IN A HURRY AND, IN HIS HASTE, LEFT HIS WALLET COMPLETE WITH DRIVERS LICENSE ON THE SEAT.

HE WAS APPREHENDED.

IN 1986, WORKING WITH FEDERAL AUTHORITIES IN SOUTH FLORIDA, ONE OF OUR ARMY AIR CREWS SIGHTED A PANAMANIAN FREIGHTER. THE CREW VECTORED A COAST GUARD CUTTER TO INTERCEPT.

THE COAST GUARD WAS ABLE THEN TO SEIZE THE SHIP AND ITS CARGO OF 88,000 POUNDS OF MARIJUANA WITH A STREET VALUE OF $30 MILLION.

WE ARE VERY CAREFUL THAT WE DO NOT PUBLICLY IDENTIFY UNITS OR INDIVIDUALS WHO ARE TAKING PART IN THESE MISSIONS. TO DO SO WOULD VERY POSSIBLY JEOPARDIZE THEM. - DRUGGERS PLAY HARD BALL.

WE ARE VERY ACTIVE IN THE PROGRAM AND HAVE EVERY INTENTION OF KEEPING ACTIVE AND EVEN INCREASING OUR ROLE.

BUT – ALL OF THE LAW ENFORCEMENT AGENCIES AND ALL THE MILITARY FORCES COMBINED CANNOT STOP THE FLOW OF DRUGS INTO THIS COUNTRY AS LONG AS THERE IS A DEMAND FOR THEM.

AND AS LONG AS THE POTENTIAL IS SO GREAT FOR THOSE WILLING TO RISK A SHORT JAIL TERM – OR EVEN DEATH – TO MAKE MILLIONS, THE THREAT WILL STAY WITH US.

YOUR LAW ENFORCEMENT PEOPLE AND YOUR NATIONAL GUARD ARE DOING WHAT THEY CAN.

BUT TO WIN, IT MEANS THAT ALL OF US MUST SERIOUSLY JOIN IN THIS WAR.

RHETORIC WON'T WIN IT.

BUT, A UNITED AND DETERMINED CITIZENRY, SUPPORTING THEIR ELECTED LAW MAKERS, EFFECTIVE LAWS – EFFECTIVE COURT SYSTEMS – HARSH PENALTIES FOR DEALERS – EDUCATION OF OUR YOUTH AS TO THE DANGERS.

I GUESS WHAT I'M SAYING IS A FULL MOBILIZATION OF ALL ASSETS – CUT DOWN ON DEMAND AND THE SUPPLY AND SUPPLIERS WILL WITHER AWAY. VIETNAM PROVED IT TAKES A FULL NATIONAL COMMITMENT TO WIN.

IT MUST BE A TOTAL WAR EXPERIENCE.

THANK YOU.

Senate Permanent Subcommittee
on Investigations
EXHIBIT # 13

ACTION AGAINST CRIME
The Atlanta Housing Authority

An Overview of Anti-Drug Initiatives in Atlanta's Public Housing Communities

June 20, 1989

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If there is no struggle, there is no progress.

-- Frederick Douglass

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INTRODUCTION

INTRODUCTION

Disease, like an invading army, most often strikes initially and with greatest ferocity at the body's weakest point -- an open wound or, perhaps, an area rendered more vulnerable by neglect or abuse for an extended period.

Such is the pathology of our nation's drug epidemic. Hardest hit are the communities of our poor -- especially the so-called underclass, most vulnerable and least able to fight back. Not surprisingly, public housing communities nationwide -- still reeling from eight years of cuts in federal support for housing and social services -- have become battlegrounds of preference for the nation's drug traffickers.

Not a day passes without news reports of fatal shootings, drug arrests, families shattered and lives ruined. A young community worker in the nation's capitol testifies before a congressional committee about 12-year-old children, armed and trafficking in illegal drugs -- for the money.

A teenager is shot to death, an innocent bystander to a dispute between ruthless drug peddlers.

Tragic and growing numbers of infants are born "junkies" -- addicted to cocaine before their first breath of air.

The crisis is pervasive and incredibly complex. Yet, at the Atlanta Housing Authority, the strategy behind our "Action Against Drugs" initiatives is simple and, we believe, effective -- hit the enemy as hard as possible on two critical fronts -- prevention and control.

"Prevention" spans a range of education and support initiatives geared to adults, youth and children. "Control" encompasses our initiatives to help enforce existing laws against drug use and trafficking.

We carry on the struggle in collaboration with our public housing communities -- the residents, their children and young people, tenant associations and councils. We rely heavily on the support of public- and private-sector sources -- police, social service agencies, and private businesses. And, we welcome the involvement of the community at large -- for example, the churches which "adopt" our housing communities and the individuals who volunteer their time to assist our residents.

This document provides an overview of our efforts in the hope that others will be inspired to join the struggle, for it is only through collaborative effort that we can hope to win this war and reclaim the communities and the lives of our people.

As Frederick Douglass observed, progress and struggle go hand in hand. Clearly, struggle is a way of life for the many families in public housing communities who seek a better life. The vast majority of our residents are decent, law-abiding citizens who realize they are on the front lines of society's war against drugs. They know their lives and their children's futures hang in the balance. And they are fighting back. Our Action Against Crime initiatives support their struggle.

ABOUT THE ATLANTA HOUSING AUTHORITY

ABOUT THE ATLANTA HOUSING AUTHORITY

The Atlanta Housing Authority is the nation's fifth largest public housing authority. It provides more than 20,000 decent, safe and sanitary homes and a range of social services for approximately 50,000 residents.

AHA is the city's largest landlord, housing 10 percent of Atlanta's population, a number roughly equivalent to the population of Georgia's seventh largest city. The average family income is $3,000 among AHA residents, 17,000 of whom are school-age children.

The authority, which celebrated its 50th Anniversary last year, has earned recognition for innovative programs and management excellence. The first public housing authority to win the Government Financial Officers Association "Certificate of Achievement for Excellence in Financial Reporting," AHA went on to earn that award for five consecutive years.

AHA is funded primarily through the United States Department of Housing and Urban Development (HUD) and governed by a board of commissioners appointed by the mayor of Atlanta. Operating on an annual budget of $70 million, AHA employs approximately 800 people, and manages 42 housing sites and more than $300 million in assets.

GOALS

GOALS

Action Against Crime initiatives are proposed and implemented as a comprehensive approach to one of society's most complex problems -- drugs and crime. Our existing and proposed initiatives address four broad areas:

- tenant upward mobility.
- education, information and enrichment for youth.
- management responsibility.
- criminal activity.

Goals of prevention-oriented initiatives include:

- offer residents constructive alternatives to drug use and other criminal activity.
- provide information on the dangers of drug use and chemical dependency.
- provide information on and access to treatment for chemical dependency.
- encourage residents to seek opportunities and plan for a better life.

Goals of control-oriented initiatives include:

- increase police visibility in AHA communities.
- increase cooperation with police on the part of residents and management.
- create community environments which are hostile to drug traffickers and other criminals.
- augment the services of the Atlanta Police Department.

PREVENTION INITIATIVES

PREVENTION INITIATIVES

Resident Manager Program

The Atlanta Housing Authority has identified three communities to participate in a resident-manager training program, which will prepare a tenant in each community to manage the site. Resident housing managers will enjoy advantages such as on-site residence and familiarity with the community and tenants. Both factors should prove particularly advantageous in marshaling community support for anti-drug and anti-crime initiatives. AHA is developing a proposal for additional federal funding to augment and expand its current plans for a resident manager program.

Interagency Councils

The Atlanta Housing Authority boasts Interagency Councils in four of its communities -- Bankhead Courts, Carver Homes, University/John Hope Homes, and Techwood/Clark Howell Homes. In fact, Techwood residents have worked closely for many years with such a group, their affiliation with the Techwood Baptist Ministry being merely one offshoot. The councils consist of representatives of tenant associations, local businesses, schools, churches, social service and government agencies.

At regular meetings, each council incorporates the perspectives and expertise of its diverse membership into sharing ideas and formulating goals and strategies for dealing with the many challenges confronting the public housing community. Councils address critical issues such as police protection, employment, illiteracy, drug abuse, child care, and financial aid for its college-age students.

This collaborative approach fosters a sense of mutual respect and community spirit among council members and, consequently, between residents of public housing and those of the community at large.

New Life Center

The innovative New Life Center was established on the conviction that accessible, community-based facilities will encourage drug-dependant residents to seek help to overcome their problem. Located at Bankhead Courts, the center operates as a partnership

between the housing authority and the North Atlanta Drug Addiction Center. It offers substance-abuse information and treatment for adults, and serves as a base of operations for two programs -- Parents and Youth Against Drugs (PAYAD) and the Extra Step Program. Both are discussed in more detail later in this document.

Community Adoption

For many years, Atlanta's people have reached out to their neighbors in public housing communities. The nation's oldest such neighborhood, Techwood/Clark Howell Homes, was "adopted" long ago by the Techwood Baptist Ministry, a coalition of churches which provides residents with a range of social services to supplement those of our hard-pressed government and social agencies.

It was years ago also that an ecumenical cluster of four neighboring churches established a link with our Perry Homes community. They provide a variety of support for Perry residents, including tutorial services for children, scholarship help for college students, food and clothing banks, and emergency assistance.

At University/John Hope Homes, Providence Baptist Church refurbished the community playground. Currently, members of the congregation are working with residents to plan a day care center and with the governor's office in efforts to bring a drug treatment facility to the community.

The Capitol Area Ministry provides full-time staffing at its on-site office in the Capitol Homes community. The effort offers residents a variety of support, including summer recreation for youth, clothing and food banks, and emergency assistance. In fact, Capitol Homes enjoys two adoptive parents. The congregation of Beulah Baptist Church also provides a range of services to Capitol residents.

One of the Atlanta area's largest interracial churches recently adopted one of the city's most troubled public housing communities. Some 250 members of the congregation of Chapel Hill Harvester Church volunteered to take an active roll in the individual lives of Bankhead residents. Plans include child care services, classes in sewing, cooking, aerobics, business development, and other areas, as well as an adopt-a-family project, health programs, a drama group, and more. (See news clip in appendix: "Bankhead Court Gets Help Chasing Away Crime, Drugs.")

Children and Youth Programs

"Choices & Challenges 1989-90" is a key element in the prevention-oriented initiatives of our Action Against Crime program. A new, year-round effort, Choices & Challenges offers a range of constructive alternatives to drugs and idle time for children and youth in public housing communities. Our 14 projects range from food programs and child development to summer employment and a wilderness school experience.

AHA's recently created Office of Children and Youth Programs develops and implements the projects, placing emphasis on self-reliance, personal responsibility, and anti-drug messages geared to participants. We estimate that approximately 1,700 of our young people, from toddlers to 21-year-olds, will participate this summer, with a similar number enrolling during the school year.

Operating on a fiscal-year budget of more than $1 million, our children and youth programs are sponsored primarily by government agencies and private businesses. (See appendix for listing of sponsors and funding levels by program.)

Choices and Challenges initiatives for children and youth include:

Child Care/Child Development

AHA operates two facilities to serve pre-school children of public housing residents. The Bankhead Courts Child Development Center serves 100 children from 18 months to five years of age. Our East Lake Meadows Child Development Center accommodates 80 children from three to five years old. Programs are designed to:

- encourage social and economic self-sufficiency of families by affording parents the time required to participate in employment training, and to find and keep jobs.
- promote family stability.
- provide a constructive educational curriculum for enrolled children.
- provide two nutritious meals per day for enrolled children.

Both facilities are supported by the Georgia Department of Human Resources. State funds for the Bankhead center are provided through the Fulton County Department of Family and Children Services. Those for East Lake Meadows are made available through the DeKalb County Department of Family and Children Services.

BEST Youth Clubs, Inc.

BEST Youth Clubs are designed for public housing youngsters, ages nine through 14. The acronym "BEST" -- Becoming Everything we Set out To be -- reflects the thrust of this initiative. These year-round clubs, each of which can accommodate up to 200 members, provide educational experiences and constructive leisure time activities for youth whose ages and economic circumstances place them at high risk for involvement in drugs, crime, teenage pregnancy, and vandalism.

Our young people work with adult program leaders, participate in seminars and workshops, and serve as role models for peers and younger members of their communities. They are actively involved in planning major events such as field trips.

Program objectives include:

- offer participants challenging alternatives to drugs, crime, pregnancy, truancy, and other ultimately self-destructive options.
- provide opportunities to build self esteem and self confidence.
- offer informational and educational experiences to "widen" the awareness of participants.

Currently BEST Youth Clubs exist in three of AHA's largest communities:

- GOAL Chapter at Carver Homes, sponsored by the Gannett Foundation's Community Priorities Program.
- SHARE Chapter at Techwood/Clark Howell Homes, sponsored by the Gannett Foundation and WXIA-TV.
- DREAM Chapter at Bankhead Courts, sponsored by the Georgia Commission on Children and Youth.

The Atlanta Housing Authority plans to seek sponsorship and support to establish BEST chapters in every AHA family community.

The AT&T Family Initiative, funded through BEST Youth Clubs by the AT&T Foundation, is a comprehensive family-oriented program to address the issue of teen pregnancy. It provides organized and consistent opportunities for positive social action.

Components include motivation and enrichment programs for 200 youth and their parents. Activities encompass mentoring for teen and older parents, sex-education for teenagers and younger siblings, health care for teenagers, and recreation activities. Participants are given help securing social services and educational and employment counseling.

The AT&T Family Initiative seeks to:

- stress to youth the positive aspects of postponing sexual activity.
- provide a support network for youth and their families.
- encourage residents to move toward increased self sufficiency.

The Wolfcreek Wilderness School Experience introduces BEST Youth Club members to a challenging and -- for most of them -- unexplored world. They develop new skills and knowledge, along with an appreciation of the value of self-reliance and teamwork.

Each month throughout the year, 20 to 30 of our urban youth travel to Blairsville, Georgia, for a weekend during which they confront the challenges and discover the thrills of backpacking, rock climbing, canoeing and more. The Wolfcreek experience seeks to:

- increase self confidence of participants.
- increase participants' appreciation of team building.
- create opportunities to face and overcome challenges.
- enhance participants' awareness of and respect for the natural environment.

Funding for the Wolfcreek experience is coordinated through Turner Associates Architects & Planners, Inc.

Summer Employment and Training

Two AHA-managed initiatives address the issue of youth training and employment.

The Summer Youth Employment and Training Program, sponsored by the Private Industry Council of Atlanta Inc., places 260 youth, ages 14 to 21, in a variety of paying positions. Some serve as year-round peer counselors in other youth programs or work in clerical and maintenance jobs in AHA offices or communities. Other youngsters work as helpers in child development centers or senior citizens programs.

The Summer Youth Employment and Training Program seeks to:

- o provide employment for economically less-advantaged youth.
- o offer challenging alternatives to less desireable activities, such as drug use, crime, loitering.
- o encourage in participants an appreciation of the rewards of work.
- o develop a sense of personal responsibility.

The Southern Bell Summer Hiring Program, sponsored by Southern Bell, employs 10 young people, ages 18 to 21, as assistants and trainees at the two AHA child development centers, Bankhead Courts and East Lake Meadows. The child-care training model was developed in cooperation with the Atlanta Metropolitan College's Division of Extension and Public Services.

This training and hiring initiative seeks to:

- o provide employment for economically less-advantaged youth.
- o acquaint participants with the developmental characteristics of pre-school children.
- o introduce participants to child care as a career option, and prepare them for entry level opportunities in the field.
- o encourage in participants an appreciation of the rewards of work.
- o develop a sense of personal responsibility.

Drug-Prevention Programs

While all AHA programs for children and youth provide support and alternatives, the initiatives in this category are geared specifically to preventing drug use among our young people. All three programs are family-oriented, recognizing that parents are the primary teachers and role models for their children.

The Drug-Free Summer Camp for Parents and Youth employs a comprehensive family approach to prepare 60 public housing youth, ages 11 to 13, and their parents to be advocates and role models in peer-oriented, anti-drug efforts. Participants are involved in an array of workshops, seminars, cultural enrichment and volunteer activities. As public speakers during the coming school year, they will carry the anti-drug message to their adult and youth peers in public housing communities and public schools.

Objectives of the Drug-Free Summer Camp include:

- establish a group of adult and youth advocates and role models for a drug-free society.
- provide drug-abuse information for young people and their parents.
- promote volunteerism among public housing residents.
- encourage parental support for participating youth.

The Extra Step Program, serving Bankhead Courts, is an innovative effort to help children who are at high risk for drug and alcohol abuse problems. Special attention is given to co-dependent children -- those whose parents are substance abusers. At full capacity, the program enrolls more than 100 pre-adolescent children and their parents.

Extra Step addresses four basic areas -- self esteem, value transmission, substance-abuse prevention, and cultural history. The program provides information on chemical dependency, parenting, pre-adolescent development, and related topics to increase awareness of the effects of drug and alcohol abuse. In addition, a special project is undertaken to stress the cultural heritage and ethnic roots of participants.

The Extra Step Program seeks to:

- enrich self-concepts of participants.
- reduce possibility of chemical-abuse behavior by children.
- heighten parents' awareness of the impact of drug and alcohol dependency on the families of abusers.
- encourage parents to serve as positive role models for their children.

The Extra Step Program is sponsored by the Georgia Department of Human Resources and the Fulton County Health Department's Substance Abuse Prevention and Education program.

Parents and Youth Against Drugs (PAYAD) provides psychological and moral support for 100 public housing youth who are at high risk for encountering substance abuse problems. PAYAD provides alternatives by challenging the minds and reinforcing the confidence and self-concept of youth.

PAYAD, operating under AHA's BEST Youth Clubs organization and serving Bankhead Courts, functions as a parent/child drug prevention and support program. Adults and youth participate in group forums and professional counseling sessions on how to avoid drug dependency, and discuss techniques for breaking the cycle when dependency does occur.

The PAYAD program seeks to:

- reduce alcohol and drug abuse among youth in public housing communities.
- increase self esteem and confidence of participants.
- assist youth in establishing short- and long-term goals.
- foster mutual support between youth and parents.

PAYAD is funded by the Georgia Department of Human Resources and the Fulton County Division of Mental Health, Mental Retardation and Substance Abuse.

Food Programs

As children of poverty, many participants in Atlanta Housing Authority programs do not enjoy the basic nutrition needed to adequately nourish growing bodies and minds. Thus, food programs often are essential prerequisites to our efforts to influence, inform and educate the children and youth of our public housing communities. Thanks to sponsors, the Atlanta Housing Authority is able to provide at least a portion of the daily nourishment required by many of its youngsters.

The programs which provide two meals a day to 180 children at the Bankhead Courts and East Lake Meadows Child Development Centers are sponsored by the Georgia Department of Education's Child Care Food Program, with funds from the United States Department of Agriculture.

The City of Atlanta's Summer Food Service Program for Children feeds hundreds of youth in our Drug-Free Summer Camp and BEST Youth Clubs chapters.

CONTROL-ORIENTED INITIATIVES

CONTROL-ORIENTED INITIATIVES

Expedited Evictions in Drug-Related Cases

For nearly a year, the Atlanta Housing Authority has worked closely with City of Atlanta police to evict residents charged with drug offenses. Earlier this year, the procedure was fine tuned to expedite evictions through the authority's legal department. (See news clip in appendix: "A Tale of Two Drug Busts.")

In some cases, the basis for eviction is an arrangement that enables city police officers to enforce certain AHA policies previously enforced solely by project management. The policies, related primarily to vandalism, trespass and loitering, are frequently violated by drug traffickers.

Police Precinct in University Homes

Through a cooperative arrangement with the Atlanta Housing Authority, the Atlanta Police Department opened a precinct in the University Homes community to combat the high incidence of drug-related activity. Two patrol cars and uniformed officers have substantially elevated police visibility in the area.

Lease Seizures in Drug Cases

To provide yet another tool to rid our communities of drug traffickers, AHA is engaged in discussions with the United States Department of Housing and Urban Development (HUD) and the U.S. Attorney's Office to develop a procedure to seize tenant leases under existing federal law. The procedure would enable federal agents to seize the lease-hold interest of drug dealers in public housing communities, facilitating their immediate eviction from the premises. This procedure would prove especially useful when dealers have become so entrenched in communities that the traditional means of eviction are less feasible.

Vacancy Reduction

Earlier this year, the Atlanta Housing Authority established and fully intends to achieve the ambitious goal of at least 93 percent occupancy by June 30. Vacancies, undesirable in any

housing environment, cause particular problems in public housing communities. Because vacant units are open invitations to vandalism and drug trafficking, AHA management in May renewed its commitment to minimize the number of vacant units -- preferably through occupancy, but by temporarily boarding them up when necessary.

Drug Testing for Prospective Employees

For almost a year, the Atlanta Housing Authority has enforced its substance abuse policy and required that job candidates pass a drug test prior to employment. The policy is one of many ways the authority demonstrates its commitment to fighting the drug epidemic that threatens our communities.

Truancy Resolution

The Board of Commissioners of the Atlanta Housing Authority passed a resolution in March denouncing truancy and authorizing the authority's executive director to evict families found in violation of truancy laws. Supporting the enforcement of truancy statutes tracks with AHA's overall mission. Children who lack basic education have few options in life, and are more likely to become wards of the state or turn to a life of crime. In addition, truant children are far more susceptible to involvement in the very kinds of undesirable activities our youth programs are designed to discourage.

PROPOSED PROGRAMS

PROPOSED PROGRAMS

Resident Manager Program

The Atlanta Housing Authority has developed a proposal for federal funds to expand its resident-manager training program. The proposed grant will enable the authority to hire a full-time specialist and engage legal and other contractual services to establish the necessary framework for a program to train residents to serve as site manager in their own communities.

Bankhead "Action Against Crime" Initiatives

The Atlanta Housing Authority has proposed the following programs for initial implementation in the Action Against Crime initiatives at Bankhead Courts, one of the AHA communities hardest hit by drug trafficking and violence. If funded by HUD, the Bankhead program will serve as a model for similar efforts planned for other AHA communities.

Crime Stoppers Foot Patrol

The nucleus of this initiative will be a special police unit assigned to Bankhead Courts, operating around the clock, seven days a week. The unit will be staffed by off-duty Atlanta police officers, who will perform regular foot patrol duties, check vacant apartments, arrest persons not authorized to be on the premises, photograph persons not authorized to be on AHA property, and tag and authorize towing of illegally parked or inoperative vehicles. In addition, these officers will be employed at other AHA communities.

Crime Prevention Coordinator

AHA will hire a crime prevention coordinator to direct the authority's day-to-day anti-crime efforts and establish programs to increase tenant involvement and support. Activities will be planned and coordinated with the Atlanta Bureau of Police Services.

Peoples' Council Against Drugs

Recognizing that the support of neighborhood residents is essential to effective crime-fighting in any community, AHA will establish at Bankhead Courts, through the proposed crime prevention coordinator, a council of residents, tenant association representatives, management staff, and Interagency Council members.

The Peoples' Council will address a range of responsibilities, including working with youth to develop an anti-crime mascot for the community. The mascot will attend various youth-oriented functions in the community, public schools, and day care centers to deliver anti-crime, anti-drug messages. The council will set up special events such as community workshops, bazaars, outings, clean-up campaigns, and other activities to encourage community involvement in the anti-crime effort.

Controlled Access to Community/Enhanced Security

Much of the criminal activity which plagues public housing neighborhoods is perpetrated by individuals who do not live in those communities. To address that aspect of the problem at Bankhead Courts, AHA will restrict access to the community by implementing procedures similar to those employed in many private housing communities. One entrance to Bankhead will be closed and a security post established at the other two. An off-duty police officer will be posted at all times at each of the two entrances to monitor traffic. Residents will be issued identification decals for their car windows. Visitors, after identifying the resident and unit they plan to visit, will be issued a temporary decal.

In addition, officers will tag inoperative vehicles and authorize towing. A decorative fence will be installed around the community to enhance security and appearance of the neighborhood, and security lighting will be improved throughout the area.

Evictions and Other Management Initiatives

Project management will be directly involved in the operation and maintenance of the Bankhead pilot project through strict enforcement of the dwelling lease. The Crime Stoppers Foot

Patrol will forward crime reports to the Bankhead manager on a daily basis. The reports will be used to enforce evictions of tenants involved in criminal activity.

In other efforts, management will continue to board up vacant units and intensify efforts to cut shrubbery and foliage which helps obscure criminal activity.

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APPENDIX

Atlanta Housing Authority

CHOICES & CHALLENGES 1989 - 90

Children & Youth Programs

Program Name	Funding Source	Total Grant Award	Days / Hours	Enrollment Capacity
Child Care				
Bankhead Courts Child Development Center 3510 Bankhead Courts, NW Atlanta, GA 30331	Georgia Department of Human Resources Fulton County Dept. of Family & Children Services	$177,800	Mon. - Fri. 8:00 a.m. - 6:00 p.m.	100
East Lake Meadows Child Development Center 2267 Walton Lane, SE Atlanta, GA 30317	Georgia Department of Human Resources Dekalb County Dept. of Family & Children Services	$116,500	Mon. - Fri. 8:00 a.m. - 6:00 p.m.	80
BGGT Youth Clubs, Inc.				
GOAL Chapter - Carver Homes (Growing up Optimistic About Life) 543 Moury Avenue Atlanta, GA 30315	Gannett Foundation Communities Priorities Program	$ 59,000	Mon. - Fri. 12:00 p.m. - 5:00 p.m.	200
SHARE Chapter - Techwood/Clark Howell (Supporting Happiness Ambition Resourcefulness Excellence) 521 Techwood Drive, NW Atlanta, GA 30313	Gannett Foundation WXIA TV	$ 10,100	Mon. - Fri. 12:00 p.m. - 5:00 p.m.	200
DREAM Chapter - Bankhead (Developing Responsibility, Enthusiasm, Ambition, Motivation) 1410 Maynard Road, # 97 Atlanta, GA 30331	Georgia Commission on Children & Youth Office of the Governor	$ 16,000	Mon. - Fri. 12:00 a.m. - 5:00 p.m.	200
Wolfcreek Wilderness School Experience Route 1, Box 1190 Blairsville, GA 30512	Turner Associates Architects & Planners, Inc. Atlanta, GA	$ 20,000	Monthly	360
AT&T Family Initiative Carver Educational Park 1275 Capitol Avenue, SW Atlanta, GA 30315	AT&T Foundation Atlanta, GA	$ 60,000	Mon. - Fri. 3:00 p.m. - 8:00 p.m.	200
Summer Employment & Training				
Summer Youth Employment and Training Program * •Peer Counselors •Intake Assistants •Clerical Assistants •Maintenance Aides •Elderly Assistants	Private Industry Council of Atlanta, Inc. Summer Youth Emp. & Training Program	$ 64,000**	Mon. - Fri. 8:30 a.m. - 12:30 p.m. 1:00 p.m. - 5:00 p.m.	100

All money figures rounded to nearest 100 *Summer Program ** Estimation

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Atlanta Housing Authority

CHOICES & CHALLENGES 1989 - 90

Children & Youth Programs

Program Name	Funding Source	Total Grant Award	Days / Hours	Enrollment Capacity
Summer Employment & Training (cont.)				
Southern Bell Summer Hiring Program (child care) * •Bankhead Child Development Center •East Lake Meadows Child Development Center	Southern Bell Atlanta, GA	$ 23,900	Mon. - Fri. 9:00 a.m. - 5:30 p.m.	10
Drug Prevention Programs				
Drug Free Summer Camp for Parents & Youth * University/John Hope Homes Community Center 654 Larkin Street, SW Atlanta, GA	ACTION Program Demonstration & Development Washington, DC	$ 118,871	Mon. - Fri 9:00 a.m. - 4:00 p.m.	60
Extra Step * Dream Center 1410 Maynard Road, #97 Atlanta, GA 30331	Georgia Department of Human Resources Fulton County Health Department Substance Abuse Prevention & Education	$ 21,000	Mon. - Fri. 10:00 a.m. - 6:00 p.m.	110
Parents and Youth Against Drugs (PAYAD) New Life Center Bankhead Courts Community Center 1400 Maynard Road Atlanta, GA 30331	Georgia Department of Human Resources Fulton County Division of Mental Health, Mental Retardation and Substance Abuse High Risk Youth Grant	$ 10,000	Mon. - Fri. 6:00 p.m. - 8:00 p.m.	100
Food Programs				
Child Care Food Program •Bankhead Child Development Center •East Lake Meadows Child Development Center	Georgia Department of Education Child Care Food Program	$ 94,200	Mon. - Fri.	180
Summer Food Service Program for Children •Drug Free Summer Camp •BEST Youth Clubs, Inc.	City of Atlanta	$ 20,400**	Mon. - Fri.	210
Atlanta Housing Authority Contributions •Child Care •BEST Youth Clubs, Inc. •Dr. Ronald McNair - Challenge Club Space Camp •Drug Free Summer Camp	Atlanta Housing Authority	$ 300,000		
GRAND TOTAL		$1,101,771		

All money figures rounded to nearest 100 *Summer Program ** Estimation

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A TALE OF TWO DRUG BUSTS

AHA Evicts One Suspect, Finds 13 More

By Amy Wallace
Staff Writer

The four Fulton County marshals who came to evict Teresa McCrae at 9 a.m. Thursday suspected she was a drug user. They knew she faced pending drug charges and that her landlord, the Atlanta Housing Authority, wanted her out. What they didn't know when they knocked on Apartment 6 at 433 Techwood Drive was that 13 of her friends were inside with her.

"They're helping me move — I'm moving out," Ms. McCrae mumbled after armed deputies forced open the door to find seven men and six women slobbling on sofas in her living room. Soon deputies found some possible reasons for their listlessness: homemade pipes, test tubes, razor blades and tiny baggies, often used to prepare and store crack cocaine. When deputies told them to put their hands on their heads, some had trouble keeping them there.

The 14 suspected drug users, who were taken to the Fulton County Jail, were apprehended under a recently launched crackdown on drugs in the Atlanta Housing Authority (AHA) housing projects, where nearly 34,000 poor people live. Since the first of the year, the AHA has staged 29 drug-related evictions — most before the tenants were convicted of a crime.

Under the conditions of the lease, a police report linking the tenant to any illegal activity is grounds to put them out in the street.

Such campaigns are encouraged by Jack F. Kemp, the secretary of the U.S. Department of Housing and Urban Development (HUD), who has said fighting drugs in public housing is as important as repairing units.

HUD's southern regional office has also responded to Mr. Kemp's charge by drafting a new lease that waives the grievance procedure in

EVICTIONS Continued on A14

Police Say Fayette Ring Drove Limos

By Douglas A. Blackmon
Staff Writer

Fayette County police say they have smashed a major drug ring run by a transsexual who used limousines to distribute cocaine to Atlanta housing projects every month.

The raid on a $200,000 house in an affluent suburban area was put together quickly about dusk Wednesday after one of the limousines was stopped on a traffic violation.

A 12-man SWAT team jammed into the luxury vehicle and used it like a Trojan horse to sneak into a fenced area behind the house while other officers stormed the residence, said Fayette County police Capt. Bruce Jordan.

Michael Kendrick Taylor, 38, was charged with possession of cocaine in connection with the case. Mr. Taylor, also known as Michelle Johnson, had lived in the residence at 167 Graves Road about six months. Police said he was the leader of the group.

Also arrested were Haywood Lyle Ellis III of 1400 Kimberly Road, Apt. 81, in Atlanta, and Alex Slayton, 38, of 3010 Middleton Road in Atlanta. Mr. Ellis was charged with possession of cocaine with intent to distribute. Mr. Slayton was charged with possession of cocaine. All three suspects were being held in the Fayette County jail Thursday, awaiting a preliminary hearing.

Mr. Taylor supplied 30 kilograms of cocaine and crack worth about half a million dollars every month to wealthy clients and pushers who worked Atlanta housing projects and low-rent apartment complexes, Atlanta police Detective Woodward Tripp said.

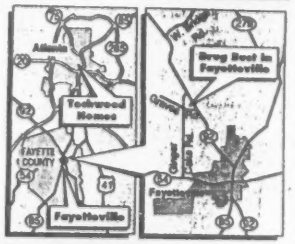
Police said the ring operated under cover of a bogus limousine service, distributing drugs with the vehicles and at "wild, multiple-kilo cocaine-cutting parties" in the home.

FAYETTE Continued on A14

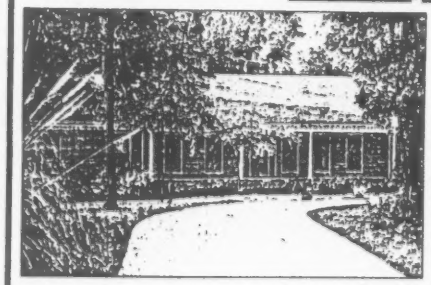
ANDY SHARPE/Staff

Marshals Think Home Was Used as Drug Den

Sgt. R.R. Bryan of the Fulton County Marshal's Office (above) prepares to call out other members of his team after finding a suspected crack house Thursday in the Techwood Homes housing project. Fourteen listless people were found, along with homemade pipes, test tubes, razor blades and tiny baggies often used to store crack.



DALE DODSON/Staff



Fayette County police say this house at 167 Graves Road was occupied by a ring that manufactured drugs there, then commuted downtown in limos to make sales.

JOHNNY CRAWFORD/Staff

A-14 The Atlanta Journal AND CONSTITUTION FRI., MAY 26, 1989

Evictions Are Intended to Clean Up Housing Projects

From Page A1

drug-related cases, according to HUD spokeswoman Linda Lipthrott.

The issue has been controversial among tenants, some of whom say speedy evictions violate their rights. Others fear that an over-emphasis on drugs will lead to neglect of other areas, such as maintenance.

"Drugs are a serious problem, but [federal] cutbacks are more serious," Louise Watley, the president of both the Citywide Advisory Council on Public Housing and Carver Homes Tenant Association, told the AHA board last week. "We need to clean up these units, fill these vacancies."

AHA Deputy Director Bettye Davis said she believes "you can't deal with one without dealing with the other one. ... If you clean up drugs, you're going to see an improvement in rent collection, in community relations and in vacancies."

Since December, when drug-related violence erupted in the Bankhead Courts housing project in northwest Atlanta, the AHA has tried to speed its eviction process. This year, for the first time, police reports of drug-related crimes are being sent to AHA's legal office, which immediately sets the eviction process in motion. Previously, the reports were sent to the manager of the housing project, where they sometimes were ignored.

In Ms. McCrae's case, the AHA filed for dispossession April 28. Two days later, the marshals served the warrant. Ms. McCrae, who paid $57 each month in rent, did not respond.

On Wednesday, a judge signed the eviction warrant, and the marshals arrived Thursday morning.

Deputies burst into the filthy three-bedroom apartment, which contained only remnants of family life: a baby bassinet, two teddy bears and a small artificial Christmas tree, but no children. The refrigerator contained only a box of baking soda, which deputies said is often used to cut crack. In one of the bedrooms, next to a soiled mattress, the January issue of Better Homes and Gardens magazine sat on a dresser next to a pile of field and clothes.

The deputies, whose ranks swelled to 25 after the 14 people were discovered, found a small amount of marijuana in the apartment, but no crack. They said that in the two minutes it took them to force the door open past a table blocking it, drugs may have been flushed down the toilet.

ANDY SHARPE/Staff

Deputies A.R. Johnson (left) and W.L. Daniels sort through drug paraphernalia seized Thursday at Techwood Homes housing project.

> 'You can't deal with one without dealing with the other one. ... If you clean up drugs, you're going to see an improvement in rent collection, in community relations and in vacancies.'
>
> — Bettye Davis
> AHA deputy director

"You don't do no dope. You just use a little pipe to hit it with, don't you?" Deputy D.R. McLeod asked Ms. McCrae after he found a pipe in her pocket.

"That's right, I do," Ms. McCrae said indifferently, her eyes glazed. Her lethargic companions offered no resistance as they were searched and handcuffed.

After everyone was loaded in paddy wagons, deputies, wearing rubber gloves, searched the furniture, which they predicted would be absorbed into the homes of neighbors within hours.

Sgt. Randy Bryan said he has no illusions about stopping people from using drugs. "All you can do is inconvenience them."

Michael Rary, chief deputy marshal for Fulton County, predicted that the their jail stay would be brief. "Some of these people, you'll see them on the street tomorrow," he said.

Some of the 100 or so Techwood Homes residents who gathered outside to watch the eviction agreed. "During the last three months, it seems like [there's an eviction] every day," said one older man. Asked if such raids made him feel safer, he said, "No. You put some of them out, some more come in."

Fayette Police: Transsexual Led Drug Ring

From Page A1

Mr. Taylor, who is reported to be near the end of a series of sex change operations and appears to be a woman, had been under investigation by Atlanta and Fayette County police, authorities said. The jurisdictions had planned to coordinate a joint investigation, but the routine traffic stop Wednesday afternoon prompted police to raid the house ahead of schedule, Captain Jordan said.

A Fayetteville policeman stopped Mr. Taylor and Mr. Slayton for having an expired license tag on their limo. Police noticed the smell of marijuana in the car and discovered several pieces of crack and more than $2,000 cash, Captain Jordan said.

Atlanta police Detective Woodward Tripp said Atlanta drug distributors are moving into suburban areas to avoid increasing police pressure in the city. 'There's been so much emphasis put on them in the city . . . a lot have moved out there, not to sell drugs but just [for] a safe house.'

The two were arrested, and around 8 p.m., police used the seized limousine to spirit 12 officers through an electronic gate into the rear of the building, police said. Once inside, more officers broke in the front door and secured the sprawling red brick house, arresting Mr. Ellis, Captain Jordan said.

An American flag was flying from the front porch. There was a swimming pool in the fenced back yard.

In the house, police said, they found several rocks of crack, two grams of raw cocaine, and equipment and receipts for chemicals used in making crack from pure cocaine. Police also seized a second luxury car and two handguns.

Detective Tripp said Atlanta drug distributors are moving into suburban areas to avoid increasing police pressure in the city.

"There's been so much emphasis put on them in the city . . . a lot have moved out there, not to sell drugs but just [for] a safe house," Detective Tripp said.

FRI., JUNE 16, 1989 The Atlanta Journal AND CONSTITUTION

Bankhead Courts Gets Help Chasing Away Crime, Drugs

By Amy Wallace
Staff Writer

Eddeena Lewis measures recent improvements at the Bankhead Courts public housing project in hours of sleep. Just a few months ago, late-night gunfire between drug dealers often kept her awake and fearful in her apartment. Now, thanks to increased police presence and tenant cooperation, Mrs. Lewis says, "You can sleep at night."

Lately, however, the 36-year-old mother of four has chosen to stay up late. As the administrative assistant at Bankhead Courts' new drug treatment program, the New Life Center, she has told her neighbors, "If you feel like you're going to use [drugs], holler for me." Several have done so, without regard for the time.

"I sat outside the other night [talking] until about 3 a.m.," said Mrs. Lewis, a seven-year resident of Bankhead Courts who kicked her own addiction to crack cocaine about a year ago with the help of a treatment center. "I've been at the bottom myself, so watching people suffer really gets to me."

The New Life Center, which opened in April, is part of a larger movement to turn Bankhead Courts around, residents and police officials say. Just six months ago, when postal carriers and telephone repairers interrupted services because they feared drug-related violence, the 500-unit project became a symbol for the city's public housing problems. Today, many say it is emerging as a beacon of hope.

"There's been a tremendous improvement out there. We've pretty much stopped the street sales [of drugs]," said Maj. Lovett Goss, the police commander of Zone One, where Bankhead Courts is located. After an initial period of round-the-clock police presence, he said, it has been possible to reduce the

BANKHEAD Continued on A12

NICK ARROYO/Staff

Joan Newman of Chapel Hill Harvester Church holds 3-month-old Santavious Chappell during a service at Bankhead Courts.

Bankhead Courts Tenants Get Help Sweeping Drugs, Crime Out of Project

From Page A1

show of force at Bankhead to two mobile units.

"It's inspiring," said Atlanta City Councilman Robb L. Pitts, who in January proposed that the city make an example of Bankhead Courts, recruiting private and public entities to help the community triumph over drugs and crime. "There's an increased sense of pride in the area, more active participation by residents and a more sensitive staff. It seems like all of the parties are coming together."

The groups who have taken an interest in the 1,700-resident community, located between the Perimeter and the Chattahoochee River in west Atlanta, run the gamut of private, public and spiritual organizations.

■ The Chapel Hill Harvester Church in Decatur has "adopted" the community. Last month, the church held a gospel revival to introduce its members to Bankhead residents. Several members have volunteered to work with young people whose parents use drugs, and there is talk of trying to build Bankhead a swimming pool. Already, the church is offering tutoring and classes in parenting, sewing, drama and self-esteem.

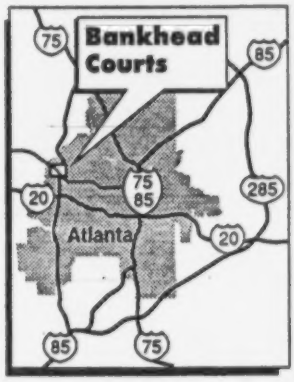
■ The Bankhead Courts Interagency Council, a group of tenants, AHA officials, pastors and business people have discussed ways to find work for Bankhead residents, particularly at the nearby Atlanta Industrial Park. And council-sponsored cleanups — including a "garden party" planned for Saturday morning to plant 50 shrubs and bushes donated by K mart — have spruced up the grounds.

■ Raymond A. Harris, the Southeastern regional administrator of the U.S. Department of Housing and Urban Development (HUD), has told HUD staff to make Bankhead Courts a priority. After tenants complained about spotty bus service, Mr. Harris met with MARTA. His Georgia management director, Wayne Er ', attends the interagency council meetings and raked leaves and dumped trash at the last cleanup day.

"Mr. Harris made it very plain that we were not to come down once and forget about the place," said Charles E. Clark, HUD's Southeastern director of public housing, who says he hopes HUD can apply what it learns at Bankhead Courts to other projects.

NICK ARROYO/Staff

The choir from Chapel Hill Harvester Church sings out at a recent service at Bankhead Courts. The church is among several groups lending a hand at the once drug-plagued housing project.



■ The Atlanta Housing Authority has requested extra funds from HUD to modernize units, as well as to hire off-duty police officers to patrol the community on foot, 24 hours a day. Soon, it plans to implement an Action Against Crime program, approved by HUD, which will require identification stickers on residents' automobiles and will limit entry by posting sentries at two entrances and closing another entrance.

■ The Bankhead Courts Tenant Association has elected new officers, Marsha Walker and Peggy Barnes, who moved into the project soon after it opened in 1971. Association meetings are crowded for the first time in months.

Everyone agrees that the project has a long way to go. Thanks in large part to Mrs. Lewis, the word is spreading about the New Life Center, a partnership of the AHA and the North Atlanta Addiction Center. But so far, only eight people regularly attend the treatment center's classes, while Mrs. Lewis estimates that more than 85 percent of her neighbors use drugs.

The New Life Center is part of a larger movement to turn Bankhead Courts around. Just six months ago, the 500-unit project was a symbol for the city's public housing problems. Today, many say it is emerging as a beacon of hope.

Mr. Pitts says he is disappointed that it is taking so long to demolish 106 vacant, dilapidated units that are havens for drug activity. Major Goss warns that the drug dealers will return to Bankhead Courts if the community and the police are not vigilant. The task of holding the line against the lucrative drug trade, many say, must include finding jobs for Bankhead residents.

"What was needed is what is being done," Mrs. Lewis said. "Things are getting better. But if you can't get a job, it's hard. And many people out here can't."

Senate Permanent Subcommittee on Investigations
EXHIBIT # 14

• CLEARINGHOUSE •
ON • GEORGIA • PRISONS • AND • JAILS

June 28, 1989

Testimony to U.S. Senate Permanent Sub-Committee on Investigations

To: **U.S. Sen. Sam Nunn (GA)**
Mr. William Bennett, National Drug Policy Coordinator
Members of Sub-Committee

I am Patricia Gilliard, Executive Director of Clearinghouse on Georgia Prisons and Jails. Thank you Senator Nunn, Mr. Bennett, and members of this Sub-Committee for including Georgia on your national circuit to gain information to establish priorities for the best use of existing and potential federal revenue with regards to drug problems in urban and rural areas.

Our office's request is that this sub-committee take a realistic view of crime and how it is affecting communities nationwide.

The major problem with the criminal justice system is lack of resources. Effective law enforcement is limited, not by constitutional rights or lenient judges, but by insufficient funds. This lack of resources is made worse by the use of law enforcement as our primary weapon against the drug problem. Attacking the drug problem mainly through law enforcement has distorted and overwhelmed the criminal justice system, eaten up most of the system's resources, encouraged corruption, and diluted efforts to deal with other serious crimes. **This approach has failed to reduce the importation, sale and use of illegal drugs.** ***New strategies must be developed.***

Even if sufficiently funded, law enforcement cannot have more than a tiny impact on crime rates, nor can it protect more than a fraction of crime victims. Out of approximately 34 million serious crimes committed in 1986 against people or property, (US Dept. of Justice) 31 million never even led to arrest, and only a few hundred thousand resulted in felony convictions and imprisonment.

Post Office Box 437 • Atlanta, Georgia 30301 • 404-522-4971

Criminals are not getting caught and then being turned loose by lenient judges and clever defense lawyers. They are not being caught in the first place. **The emphasis on imprisonment as the major means of controlling crime is terribly misplacement.**

Most street crime is committed by young people. Social programs that intervene early in the lives of children - children and family services and early education programs - could have a significant impact on the influence of crime.

While money available to hire police went down, money available for building prison cells went up. Ask people in a high-crime neighborhood if they would rather have a police officer within sight or another prison cell somewhere else. Between 1970 and 1985, our elected officials consistently chose the prison cell over (the police officer) on the beat. And crime went up.

Please stop pouring more and more scarce law enforcement resources into the drug problem. Many law enforcement officials recognize that law enforcement cannot control drug abuse, and that acting as if it does dilutes the capacity to deal with other serious crimes. Drug abuse is essentially a public health problem that must be treated like alcoholism.

Prevention and early intervention has great potential to stop criminal careers before they begin. Our communities need adequate funding for education, employment opportunities, and family support services. These are the programs that have been cut drastically during the past decade.

Seventy-five percent of the $1.5 million dollars are allocated to state agencies such as the Juvenile Justice Coordinating Council and the Department of Human Resources. This money is not going to community based programs. The federal funds are being used to augment state programs.

Clearinghouse on Georgia Prisons and Jails, Inc. is requesting the **Senate Permanent Subcommittee on Investigations** to conduct a performance audit of federal funds allocated to state agencies in Georgia.

As communities are plagued by family disintegration, poor education and a dearth of job opportunities, crime will be endemic to a degree that will overwhelm the capacity of law enforcement to deal with it. Programs set up to ***"break the cycle"*** and ***"meet the challenge"*** that is devastating our communities is essential to our posterity.

It is at least a beginning.

Thank you.

Senate Permanent Subcommittee
on Investigations
EXHIBIT # 15

My name is Juliana Williams and I am shelter director of the Moreland Avenue Shelter for Women and Children. That means that from 4pm until midnight five evenings a week I can be found at the shelter which sleeps an average of 75 women and children each night. Due to the high turnover in our particular night shelter our average bed use is computed at about 3,000 uses per month.

We believe that we provide shelter for a significant number of drug abusers each month. Our belief is based on a number of women who admit to the problem, staff observations, and counseling interventions by shelter staff and other professionals.

Though individual habits vary, there are some common factors which most abusers share. For instance we have observed some consistent losses:

Loss of Homes
Loss of Cars
Loss of Financial Stability
Loss of Clothing
Loss of Jewelry

Emotional factors include the lack of self esteem, the lack of self love, and the inability to relate to others in a healthy manner. The drug abusing woman has exhausted her support systems, and winds up in the shelter feeling unloved and thinking only about her physical need for drugs. Eventually she loses herself
on a road to destruction which ultimately ends in the deterioration of mind, body and spirit.

Any of us in this room today, if we allow ourselves to be exposed to the ravages of drugs, could be affected in the same way these women are affected. Loss of respect for another persons property or rights could lead to theft or to destruction of property. Physical aggression might occur and lead to violence or threats of violence.

Drug addiction claims its victims like Dorothy and her friends in the Wizard of Oz. Most times individuals walk into it haphazardly and become enchanted with its effects. Unfortunately sweet dreams turn into nightmares. So, like the wicked witch from the West cast her spell--So has crack and cocaine. And like Dorothy, drug abusers are bewitched by the tantalizing and seducing powers of these chemical compounds.

WHAT ELSE WOULD CAUSE A WOMAN

TO abandon 4 children to spend the night in a crack house?

TO prostitute her body while she is 8 months pregnant?

TO spend her welfare check and food stamps at a KNOWN neighborhood crack house and return to the shelter penniless by the 5th of the month?

TO run into the middle of a busy street shouting "I can't take any more!"

TO watch another woman be raped--even killed!?

I would like to make the following suggestions:
1. More money should be invested in recovery programs. Most recovery programs have long waiting lists at the present time. There is a great need for residential recovery programs and half-way houses.
2. Stricter laws protecting the children of known drug abusers. Children are sleeping on streets and in cars because of the parent's drug addictions. Some children are being dragged from shelter to shelter. I know of instances where children have been remover from parents, but have been sent back to drug infested environments just tow months later. THIS IS NOT JUSTICE.
3. Shelters, such as ours, should be provided with drug and alcohol treatment programs. Since drug abuse is one of the causes of homelessness, by beginning treatment in the shelter a woman would be able to receive the help that would help take her out of the ranks of the homeless.

June 28, 1989
Juliana Williams, B. A.
Director
Moreland Avenue Shelter for
Homeless Women and Children
542 Moreland Ave. S. E.
Atlanta, GA 30316

Senate Permanent Subcommittee
on Investigations
EXHIBIT # 16

My name is Barbara Hanley and I am a nurse working for the Georgia Nurses Foundation Health Care Clinics for the Homeless. My clinic is housed in the Moreland Avenue Shelter for Homeless Women and Children. We provide education, referrals and primary care five evenings a week to homeless women and children.

While few of the women who present to us admit to current drug use, they often admit to a history of drug use in the past. It is also common for them to give as the primary cause of their homelessness, drug use on the part of household members. My personal observations lead me to conclude that close to half of the women we see are homeless at least in part because of drug related factors.

I have been working with this population for almost a year now, and I am struck by the few teen-agers we see. While I have no evidence to present, I am personally convinced that the teens are not in shelters because they are caught up in the drug and prostitution sub-culture.

By far the most heart rending situations that we have to deal with occur when children are neglected due to the parent's drug habits. It's not always easy to be sure when a parent is on drugs. Chronic sleep deprivation, poor diet, stress, and exhaustion are common findings in all homeless women and can easily mimic the symptoms of drug abuse. Usually by the time we are pretty sure the parent is on drugs, she has left the shelter where our clinic is located and is lost to follow-up.

It is difficult to advise homeless women who say that they refuse public housing because they fear subjecting their children to the drug pushers and violence that they have heard about in public housing. It is difficult to understand what would be worse than the crowding, lack of privacy, noise that are constants in a public shelter. But some mothers find public shelter preferable to public housing with the spectre of DRUGS.

While I see a great need in the city of Atlanta for increased law enforcement to reduce the availability of drugs and for increased treatment programs to reduce the desire for drugs, I think the most pressing need is to develop a case-management system to work with families at risk for drug abuse. I would submit that the homeless family is at great risk for drug abuse, and that any homeless family with children should receive our most intensive intervention.

June 28, 1989
Barbara Peek Hanley MN/MPH
Georgia Nurses Foundation
Health Care Clinics for the Homeless
P. O. Box 17884
Atlanta, GA 30316

Senate Permanent Subcommittee
on Investigations
EXHIBIT # 17

Conway Hunter, Jr., M.D.
Cottage 328
Sea Island, Georgia 31561

Office
(912) 634-5530

Residence
(912) 634-2141

RECEIVED BY
SENATE PERMANENT
SUBCOMM. ON INVESTIGATIONS
JUL 27 1989
MAJORITY OFFICE

July 19, 1989

The Honorable Sam Nunn
United States Senate
Washington, D. C. 20510-6250

Attention: Mr. David Buckley

Dear Senator Nunn:

I had the pleasure of attending the breakfast and hearing of the Permanent Subcommittee on Investigations in Macon on June 26. I have been working in the field of alcohol and drug addiction since 1966 and have treated many thousands of addicted people and I was very impressed with your understanding of the gravity of the drug problem in our country today.

Following are some thoughts which I have had subsequent to the hearing:

THE PROBLEM

1) Alcohol abuse is our nation's #1 drug problem.

2) Cocaine use, abuse and addiction is epidemic. The supply is abundant. It is inexpensive and has an extremely high relapse rate for those treated.

3) Treatment for addiction in the private sector is very expensive, but private for-profit hospitals have the best recovery rate. Treatment for indigents is inconsistent and inadequate with an extremely high failure or relapse rate (over 90%). There is often no follow-up, after-care, or continued treatment.

4) Reimbursement is firmly fixed to in-patient, acute care hospitals. It is very expensive, often exceeding $1,000 per day.

5) Residential and out-patient treatment can be just as effective and is less costly but, unfortunately, there is minimal reimbursement.

6) Continued or long-term treatment is essential to recovery (at least two years). Recovery is, of course, a life-long commitment, and the most effective therapies are those of Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, etc.

7) Each year, more children and adolescents are involved in addiction and need special treatment programs.

8) Chronic, recidivistic alcoholics and addicts need long-term structured environment such as the old work farm communities.

9) Existing laws are not being enforced. There are known crack houses in every community, urban and rural.

SOLUTIONS

1) We need to de-emphasize acute-care hospital treatment after detoxification and medical stabilization.

2) Institute more residential, out-patient and long-term treatment with appropriate reimbursement.

3) There is a need for measures to insure compliance with treatment planning over an extended period (as evidenced in the high recovery rate of airline pilots and physicians who are supervised with mandatory compliance in order to retain licenses).

4) Reimbursement needs to be more sensitive to alternative types of treatment so that in-patient hospitalization will be less attractive to for-profit hospital corporations.

5) Institute some form of mandatory drug testing in all segments of society.

6) Law Enforcement

   a) Enforce existing laws.

   b) Increase punishment, especially for chronic offenders, pushers and dealers.

   c) Focus on under-age users and suppliers to under-age users.

   d) Mandatory jail sentencing for users, as well as dealers.

   e) Utilize highly trained and specialized "drug squads" (The Untouchables) for rural, as well as urban communities.

In a newspaper account following the hearing, it was reported that you favor research to develop a drug for cocaine addicts comparable to methadone for heroin addicts. Having personally treated many, many addicts over the past 23 years, it has been my experience that methadone programs simply do not work, except to lower the crime rate. When a heroin addict is given methadone, the addict is merely transferring from an illegal to a legal, more potent, long-acting drug. This does nothing to treat the addiction, but actually sanctions and fosters their use. Heroin addicts and cocaine addicts can be successfully treated and returned to society as useful and productive citizens, but they must remain totally abstinent from all mood-changing, mind-altering chemicals.

I would be happy to assist you in any way or provide any future information if it would be of any service to you, the committee, and, most of all, to the suffering alcoholic and drug addict.

Sincerely yours,

Conway Hunter Jr M.D.

Conway Hunter, Jr., M. D.

CWH/gmy

Senate Permanent Subcommittee on Investigations

EXHIBIT # 18

ATLANTA CITY COUNCIL

JABARI SIMAMA
COUNCILMEMBER
DISTRICT 3

August 7, 1989

68 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
ATLANTA, GEORGIA 30335
(404) 330-6030

The Honorable Sam Nunn
75 Spring Street S.W.
Atlanta, GA 30303

Dear Senator Nunn:

First of all I want to congratulate you and your committee on the outstanding work you are doing to address the tragic problem of drugs and drug abuse in this country. Elected officials both at the national and local levels have responsibilites to find solutions to this crisis, and your committee is to be highly commended.

I believe that as we deliberate on anti-drug proposals and programs that we should pay careful attention to the thoughts and opinions of citizens whose day-to-day lives bring them constantly into contact with the ravaging effects of drug use in today's society. Accordingly, I am enclosing with this letter the recommendations of a group of citizen participants who attended a conference on June 24, 1989 which I sponsored in Atlanta on the theme of "Overcoming, Fear, Crime and Drugs in Your Neighborhood." The Conference featured citizen and constituent workshops as well as panel and roundtable discussions involving political leaders, judges and public safety officials.

But to me the most meaningful--and the most moving--part of the conference was the sincere and thoughtful work of the citizen participants who shaped the recommendations, and then formed an oversigt committee to follow up on implementation. I respectfullly ask that this letter and those recommendations,--along with other conference proceedings and materials which are attached--be made a part of the record of your committee's recent Atlanta hearings so that they can be considered in proposals for national action being prepared for President George Bush.

Thank you for your consideration.

Sincerely,

Jabari Simama

Jabari Simama

Councilman Jabari Simama

Atlanta City Council
District Three

sponsors

Overcoming Fear, Crime and Drugs in Your Neighborhood

The Second Annual Community Empowerment Conference

Saturday, June 24, 1989
8:00 a.m. - 1:30 p.m.
Beulah Baptist Church
170 Griffin Street

THIRD DISTRICT COUNCILMAN JABARI SIMAMA
SPONSORS
THE SECOND ANNUAL COMMUNITY EMPOWERMENT CONFERENCE

THEME: "Overcoming Fear, Crime and Drugs In Your Neighborhood"

Saturday, June 24, 1989

Beulah Baptist Church
170 Griffin Street, NW

WHY EMPOWERMENT? Consider these questions - Can the Police protect the law-abiding citizen from the criminal? Has local government abandoned the people? Are there enough constructive activities for our children in our neighborhoods? How does unemployment in our community contribute to the crime rate? How can we reclaim our streets and parks? What can be done about the numerous vacant lots and abandoned buildings in our neighborhoods? LEARN STRATEGIES FOR COMMUNITY EMPOWERMENT.

8:00 - 8:30	Registration, Coffee, Doughnuts
8:30 - 8:45	Welcome and Opening Remarks Rev. W.L. Cottrell and Councilman Jabari Simama
8:45 - 9:00	The Honorable Maynard Jackson, Former Mayor, The City of Atlanta
9:00 - 10:00	OPENING SESSION: "What is Community Empowerment? How does it help a neighborhood overcome fear, crime and drugs?"

Moderator: Councilman, Jabari Simama, Atlanta City Council

Panelist: Judge Clinton H. Deveaux, Atlanta Municipal Court
Ms. Eddeena Lewis, Administrative Assistant, Bankhead Courts,The New Life Treatment Center
Dr. Khallid Muhammad, The Nation of Islam
Dr. George Napper, Commissioner
City of Atlanta Department of Public Safety

10:00 - 10:15	Break
10:15 - 11:30	CONSTITUENT BRAINSTORMING WORKSHOPS

PARTICIPANTS: Please go to the area (Fellowship rooms)which corresponds to the area in which you live. There are neighborhoods listed on the doors and walls leading to your area. If you need help, please ask one of the Hostesses. The purpose of the three concurrent brainstorming workshops is to "create" a proposal which will address the particular needs of YOUR neighborhood. These proposals will be presented to and responded to by those elected officials and others listed below.

WORKSHOP 1 Moderator: Commissioner Thomas Weyandt, Jr.
City of Atlanta, Department of Community Development
Facilitator: Mr. Tillman Ward, President NPU L

Washington Park, Herndon Homes, Vine City, Eagan Homes, Nash Bans

WORKSHOP 2 Moderator: Mr. Larry Dingle, City of Atlanta
Clerk of Council
Facilitator: Ms. Sarah Wright, President NPU K

Dixie Hills, Hunter Hills, Westlake, Mosley Park

WORKSHOP 3 Moderator: Major Julius Derico, Special Investigations
Section, City of Atlanta Department of Public Safety
Facilitator: Mr. Lonnie Malcolm, President NPU J

Bankhead, Grove Park, Center Hill, Knight Park, English Avenue

11:30 - 11:45 BREAK

11:45 - 12:00 The Honorable Michael Lomax, Chairman,
Fulton County Commission

12:00 - 12:30 PRESENTATION OF PROPOSALS FROM
WORKSHOPS

12:30 - 1:30 ROUNDTABLE DISCUSSION OF PROPOSALS

Moderator: The Honorable Jabari Simama, Atlanta City Council
Panelist: The Honorable Hildred Shumake, State Senator
The Honorable Billy McKinney, State Representative
The Honorable Gordon Joyner, Fulton County Commissioner
The Honorable Carolyn L. Banks, Atlanta City Council
The Reverend Preston W. Williams, Vice-President
The Atlanta Board of Education
Ms. Shirley Franklin, Chief Administrative Officer
The City of Atlanta
Mr. Samuel Hider, Executive Director,
The Atlanta Housing Authority

WE WISH TO THANK AND ACKNOWLEDGE THE PARTICIPATION OF THE FOLLOWING WITHOUT WHOM THIS DAY WOULD NOT HAVE BEEN AS IT WAS:

All the participants as listed on the program

Rev. William L. Cottrell and the membership of Beulah Baptist Church

Staff: Valerie Meadows Suber, Legislative Aide
Mary Anne Bellinger, Conference Coordinator
Anita Keller, Administrative Assistant
Maxine Walker, Intern, Black Women in Ministry in Service to the Community Program at The Interdenominational Theological Center

Caterers: Catering by Carol
Dan's Open Pit Bar B Q Catering

AND:

Beth Damon
Major Lovett Goss
Ms. Clifford Howard
Cedric Maddox
Suzette Malcolm
Mattie Myrick and Family
Nisha Simama
John Sweet
Charlotte Wheeler

Partners in Ecumenism - Atlanta
Constituency Information Inc..
City Beverage Company
Georgia Power
Southern Bell
And YOU !!

Second Annual Community Empowerment Conference

Sponsored by Councilman Jabari Simama

Beulah Baptist Church, Saturday June 24, 1989

Social Contract Proposals

1. POLICE, COURTS, LAW ENFORCEMENT

A. More police visibility and protection is needed on Simpson Street.
B. Stop deterioration of neighborhoods and remove loiterers from streets.
C. Create a neighborhood watch for Bankhead Courts.
D. Establish a police precinct in district 3.
E. Noise ordinances should be more strictly enforced.
F. Create an ordinance to address loitering in neighborhoods.
G. Enact stiffer gun control laws (General Assembly action is most appropriate).
H. More visible police are needed in the areas of Washington Park tennis center and Lena St. and Burbank. There is also instability in assignment of police officers.
I. Remove juveniles from night clubs in violation of the law in Simpson and Aurora area.
J. Provide police with better protection equipment.
    a. Provide better fire power.
    b. Require police to use the available bullet proof vest.

2. PUBLIC WORKS AND CLEAN CITY COMMISSION

A. More aggressive enforcement of sanitary services code for vacant houses is needed.
    a. Too many vacant lots.
B. Stop deterioration of neighborhoods: vacant lots and abandon buildings.
C. Vine City needs more attention from city service providers over and above dome stadium issues.
D. There is improper inspection of privately and publicly owned property that is used for drug distribution and other crimes as well as improper attention to overgrown vacant lots.
E. Community can engage in self-help by starting neighborhood clean-up projects.

3. PARKS, RECREATION, CULTURAL AFFAIRS; COMMUNITY AND PUBLIC EDUCATION; COUNTY SERVICES

A. More community programs are needed at YMCA.
B. Washington Park needs to be completed and kept cleaner.
C. Swimming pools are needed in Washington Park.
D.Playgrounds in district 3 need repair and enhancements.
E. Provide children with examples of positive family life and values.
F. There is a need to refocus attention on the community through a greater commitment to neighborhood based recreation facilities.
G. A community based self esteem program is needed.
H. More monitoring of court rehabilitation programs for kids; mentor programs and parent education programs are needed.
I. Black history programs are needed at community facilities.
J. Teach young people the value of earning and, saving even at minimum wage.
K. Utilize closed school buildings as treatment and training centers.
L. Establish drug task force made up of school and community representatives to counsel Elementary School children.
M. Community based counseling programs are needed where volunteers are permitted to assist in rehabilitation.

4. COMMUNITY DEVELOPMENT, CITIZEN AFFAIRS, AHA, MARTA

A. Protect neighborhoods from the Dome; ensure security, balanced development, and that community does not become a parking lot.
B. Rehabilitate boarded up houses in Vine City.
C. There is a need to identify sources of funding for redevelopment.
E. Entrepreneurialship training is needed in the district.
F. Information on how to get small business loans is needed.
G. There is a problem of code enforcement evident by vacant houses.
H. Home owners rights versus the rights of SRO's must be resolved.
I. More drug rehabilitation centers are needed.
J. Transitional facilities, between short term shelters and permanent housing are needed.
K. Improved maintenance and operational services on MARTA properties are neededby politicians.
L. Fewer election promises and more action is needed by politicians.
M. Improve the relationship between City Council and Mayor's office through the NPU structure in order to accomplish better communication and the identification and responsiveness to community concerns.

a. Council members should be present at NPU meetings.
b. More staff required for the effective coordination and cooperation of NPU structure.
c. Elected officials must stay in closer touch with their constituents.

CITY OF ATLANTA

CITY COUNCIL

JABARI SIMAMA
COUNCILMEMBER, DISTRICT 3
68 MITCHELL STREET, S.W.
ATLANTA, GEORGIA 30335
(404) 527-7030

COMMUNITY EMPOWERMENT
OVERSIGHT COMMITTEE
AUGUST 3, 1989
Agenda

George Memorial Baptist Church, 111 Fairfield Place NW

I. Opening Remarks.....Councilman Jabari Simama

II. Report from Standing Committee

A. Police / Law Enforcement

B. Public Works / Clean City Commission

C. Parks and Recreation, Community Education

D. Community Development, Citizen Affairs, AHA, MARTA

III. Status Report on Community Service Agreement

IV. Press Conference, submission of proceedings to Senator Sam Nunn on August 14, 1989

V. New Business

VI. Adjournment

CITY OF ATLANTA

CITY COUNCIL

COMMUNITY EMPOWERMENT

OVERSIGHT COMMITTEE

July 13, 1989

Agenda

JABARI SIMAMA
COUNCILMEMBER, DISTRICT 3
68 MITCHELL STREET, S.W.
ATLANTA, GEORGIA 30335
(404) 527-7030

I. Introductory Remarks.....Councilman Jabari Simama

Purpose of Oversight Committee: (1)To negotiate the establishment of "Community Service Agreements" (CSAs), a three-party commitment between the community, city service providers and elected officials. (2)To monitor and oversee implementation of CSAs and provide community input to city departments. (3)To plan and organize the Third Annual Community Empowerment Conference for Spring 1990. (4) To act as a task force for a period of one year or until the Third Annual Community Empowerment Conference, whichever is later.

A. Frequency of Meetings:

B. Location

II. Comments from Chief Administrative Officer....Shirley Franklin

III. Categories of Proposals:

A. Police/Courts//Law Enforcement

B. Public Works

C. Parks, Recreation and Cultural Affairs

D. Community Development/Housing/AEDC

E. Citizens Affairs

F. Community Education/Public Education

G. Others: MARTA; Clean City Commission; City Council; Mayor; Fulton County; State.

IV. **Review and Prioritize Proposals.**

A. Short Term Proposals

B. Long Term Proposals

C. Target Dates

V. **Adjourn**

The Atlanta Journal | | THE ATLANTA CONSTITUTION

City's Poor Draw New Agenda for Drug Crisis at Meeting

By Jahari Simama
Special to the Journal-Constitution

On Saturday, June 24, something positive occurred that gave one a renewed faith in the power of people. Senior citizens walking with canes and boys and girls in their early teens, some of them recovering addicts, came into the bowels of Vine City to discuss ridding their communities of fear, drugs and crime.

By the end of the day, the 200 people who attended the second annual Community Empowerment Conference — representing Atlanta neighborhoods as diverse as Vine City, Knight Park, West Lake and Eagan Homes — had developed and approved a 45-point "social contract" that they believe could solve the drug problem in their communities, if implemented.

The conference participants had an influential audience for these recommendations. The meeting was attended by elected officials from the state, county and city, the chief administrative officer for the city of Atlanta, the director of the Atlanta Housing Authority, the chief judge of Atlanta's Municipal Court, the heads of several Neighborhood Planning Units and the leaders of community black clubs and tenant associations.

About one-third of the conference participants were senior citizens, many of whom were speaking out publicly against drugs and crime for perhaps the first time. By their attendance, they were making a statement about their willingness to overcome the crippling effects of fear that criminals have long used to keep them passive.

As the meeting progressed, the community slowly realized that the answers it sought for many of its problems could be found within itself. I was pleased that we did not find the typical "we versus you" dichotomy. This was due in part to the participants' ability to focus on roles — the roles that must be played by the city, the police, the neighborhood, the church, the family — in solving the problems of drug addiction and drug-related crime.

Focus Put on Root Cause of Drug Use

Perhaps the most important feature of the conference was its potential for redefining the agenda of some of the poorest neighborhoods in the city. By placing the definition of the drug problem in a much larger social context, conference attendees were saying, in essence, that they were tired of the Band-Aid approaches offered in the past by political leaders — that they were crying out for a comprehensive approach that addresses the relationship between drug abuse and joblessness, unaffordable housing and the lack of educational opportunity.

Atlanta City Councilman Jahari Simama spoke at the June 24 conference on drugs and crime discussed in this article.

DUFFY DOLAN/Staff

The specific proposals that came out of the conference were well-enumerated in Jim Newton's article in last Tuesday's Atlanta Journal and Constitution, so I will not be redundant here. What I would like to emphasize is how these proposals reflect a new social agenda for dealing with the drug problem. In the past, elected officials have placed too much emphasis on drug testing and law enforcement. This sounds tough, but it fails to treat the root causes of the crisis and it is plagued with serious constitutional problems.

As the meeting progressed, the community slowly realized that the answers it sought for many of its problems could be found within itself. I was pleased that we did not find the typical 'we versus you' dichotomy.

The participants at the conference were very clear about what they felt to be the root causes of the drug problem: the lack of educational opportunity and the lack of emphasis on drug treatment and drug education. They felt that if more blacks were able to attend college, they would acquire marketable skills and be less likely to fall prey to the profitability of the drug culture.

The group also placed part of the blame for the lack of social action on the community's own educational institutions. The Atlanta University Center schools surround some of the worst ghettos in the city, but most have done very little to link the great intellectual and research capacities of their respective institutions with efforts to solve the problems of local poverty. (One Atlanta University Center school refused to grant us permission to hold this important meeting on its campus, citing building maintenance as its excuse.) One step in the right direction is the effort of Clark Atlanta University, which, in conjunction with Georgia-Pacific Corp., has recently begun to refurbish nearby houses to make them available for ownership.

There was a general feeling at the conference that as a community we have not worked hard enough in concert to address the causes of the drug problem. For example, the Atlanta public school system owns a dilapidated school building in my council district, a building that some conference participants alleged they have tried unsuccessfully to obtain for more than five years to run a social program for the neighborhood. Facilities like this one, particularly if they are on commercial strips, can be converted into excellent community centers, where drug counseling and treatment can occur for those addicts who earnestly want to quit.

Few Treatment Centers for Blacks

In a related matter, the Rev. Julius Davis, chairman of the Fulton County Treatment Center Advisory Council, indicated that last year his center could serve only 3,000 of the 7,000 people requesting treatment. Currently five people a day are placed on his center's waiting list. Why does this remain true in a city that has just opened a magnificent $142 million retail-entertainment complex and soon will break ground on a $170 million domed stadium? To the conference participants, it is clear that something must be done to immediately address the dearth of treatment facilities in the black community.

Finally, and perhaps most importantly, the participants at the conference understood that beyond the intervention of government and society, the family and the individual must play a stronger role. Ed-dorena Lewis, a former addict who now works with drug abusers at Beulahland Courts, told these in attendance that she would often use her entire welfare check on drugs. "Each day was like living in hell," she said. Her story captivated the audience, with a strong emotional appeal that emphasized the importance of individual responsibility.

Echoing her point, both Public Safety Commissioner George Napper and Atlanta Municipal Court Judge Clinton Devenport told the conference that there are limits, legal and otherwise, on what they can do to fight drugs. Both advocated much stronger guidance and accountability on the part of the family.

Beyond the development of the 45-point proposal, an "oversight committee" of 15 people was established to work with my office and the mayor. This group will meet within the next two weeks to prioritize the recommendations. I have also been in touch with Georgia Sen. Sam Nunn's office and arranged to have the conference proceedings considered as part of the testimony submitted to the Senate Permanent Subcommittee on Investigations, which is conducting hearings throughout the country on the drug crisis. It is hoped that our recommendations will have an influence on the anti-drug plan being prepared by federal drug policy coordinator William Bennett.

The recent conference points to the need for government at all levels to provide more opportunity for citizens to participate in solving the problems facing their own communities. If citizen participation were to become more widespread, governments might be pleasantly surprised to discover that the answers they've been so desperately trying to find are inside the minds and hearts of the people. Then the phrase, "power to the people," would take on new meaning.

FORUM is an outlet for commentary by Georgia residents on issues of local, state or national concern.

'Social Contract' Calls for New Police Precinct, Help for Vine City

From Page E1

The result, many people familiar with the document agree, is a far-reaching statement of community concern and willingness to work with officials. Because the conference was sponsored by Mr. Simama, many of its recommendations are specific to Council District 3, which he represents. But others are applicable citywide.

Shirley C. Franklin, the city's chief administrative officer, credited the conference with bringing together citizens and police officers who have sometimes eyed each other suspiciously. One result is that community leaders will meet with public safety officials to draft written agreements about what each expects from the other to fight drugs.

One area that has led to community concerns is already being addressed, according to Maj. Julius Derico, head of the Police Bureau's special investigations unit and a conference participant.

"We've had a couple of cases where people have called 911, and their names and addresses have been given to the officer," Major Derico said. "The officer then shows up at the door, and the people get worried that they'll be targeted for ridicule or harassment."

Major Derico has told communications officials not to transmit personal information about callers over the radio.

While the social contract recommended many proposals, it pointedly does not back City Council efforts to extend mandatory drug testing and to create "illegal drug zones," where police could arrest people in groups of two or more who refused to disperse when asked.

The contract does endorse tougher gun control legislation, which Councilwoman Carolyn Long Banks has advocated, and it backs new laws against loitering, which Councilman Thomas Cuffie has proposed.

"This document looks fundamentally at the root causes of the drug problem, rather than endorsing the superficial programs that elected officials have been offering," Mr. Simama said.

Ms. Franklin pledged the city's cooperation in several areas. To begin, she said the city would refurbish at least one dilapidated home in the Vine City area this year. Rehabilitation of the community is already planned and budgeted as part of the dome project, but Ms. Franklin's pledge for work this year grew out of the conference. The city's efforts will be matched by private efforts in the community, she said.

"That shows people that real efforts are under way," she said. Meantime, the city will work to involve community leaders in targeting money from the $10 million housing trust fund created by construction of the Georgia Dome. Most of that money will go toward rebuilding decayed homes and buildings in Vine City and Lightning.

"If you have a viable community where people are living and working, the chances of being infiltrated are much smaller," Ms. Franklin said. "There's a feeling in the community that vacant houses breed crime, and there's a psychological effect that comes from seeing buildings where the windows are all broken out."

Solutions to Atlanta's Drug And Crime Problems?

The Community Empowerment Conference, which was held June 24, proposed a list of solutions to 45 drug and crime problems. Among the items listed on the so-called "social contract" are:

1. Police precinct needed in District 3, which includes portions of central and south Atlanta.
2. Black history programs needed at community facilities.
3. More drug rehabilitation centers needed.
4. Transitional facilities, between short-term shelters and permanent housing, needed.
5. Sources of funding for redevelopment should be identified.
6. Drug dealers should be removed from neighborhoods.
7. Use closed school buildings as treatment and training centers.
8. Entrepreneurship training is needed.
9. Community does not know police officers well enough to inform them of drug problems.
10. Point-of-earnings tax should be used to help pay for public safety needs.

Councilman Jabari Simama initiated the conference attended by over 200 community leaders.

'Social Contract' Suggests 45 Ways To Fight Drugs

By Jim Newton
Staff Writer

More than 200 community leaders from around Atlanta have drafted a 45-point "social contract" to fight the city's flourishing and increasingly violent drug trade.

The contract, which is being completed and will be forwarded to Sen. Sam Nunn (D-Ga.) to be made part of the formal congressional record in recent drug hearings held in Atlanta, asks the city to establish a new police precinct and demands additional city attention to the Vine City neighborhood, where the Georgia Dome will be built.

Other suggestions include building drug rehabilitation centers and making new efforts to improve relations between the community and police. There is no price tag included in the proposals, but to finance some of the more costly projects, the group proposed that the state adopt a point-of-earnings tax, which would tax citizens based on where they work, rather than only on where they live.

The city has long favored such a tax, but has found little support in the General Assembly.

The social contract represents the latest statement of community frustration about the city's rising number of drug-related crimes. Police arrested 6,869 people on drug charges in 1988, 44 percent more than in 1987, department statistics show.

Unlike previous efforts to combat drug crime, however, the contract and June 24 conference that spawned it brought together a broad array of elected officials and involved citizens. More than 200 people, including city and state officials as well as community leaders, attended at Councilman Jabari Simama's invitation.

"SOCIAL CONTRACT" Continued on E4

The Wall Street Mortgage Company
147 MEDITERRANEAN LANE
LAWRENCEVILLE, GEORGIA 30245
404-822-9000

September 18, 1989

Ms. Tina Coria
State Administrator
Sen. Sam Nunn
75 Spring St
Suite 1700
Atlanta, Ga 30303

Senate Permanent Subcommittee on Investigations
EXHIBIT # 19

RE; PSI

Dear Tina:

Thank you very much for your phone call on Friday, September 15, 1989, as I really enjoyed talking with you, especially the area concerning PSI.

As discussed, I am very supportive of Sen. Nunn and desire to assist wherever possible.

Per your request, I will outlined briefly my role in the fight against drugs within our community and based on this first hand experience, I feel, should you think it necessary, that my personal testimony with the PSI or other similar committee, would be of valuable assistance to said committee:

1. I am a Commissioner of the Lawrenceville Housing Authority.

2. Founder of the Gwinnett County Anti-Drug Task Force(which brings together all the various municipalities, such as government, law enforcement agencies, etc, to review county wide programs and share information concerning the Drug problems).

3. Instituted within our Housing Authority, measures to fight back against the Drug dealers, before, it became a popular cause, as, within our some of Housing Units, we had at one time the largest drug dealing area in Gwinett County.Some of the steps to combat this problem were, substantial increase in lighting of certain " problem " area's that discouraged the Drug dealers and users from assembling. This, along with an education program and counseling provided via volunteers experienced in this areas, helped increase an awareness among our Youth and Adult Tenants, as well as bring the entire community involved. Leases were modified in accordance to HUD, to provide a quick eviction of known drug dealers or users. A neighborhood watch program was installed by the Police Department and Polce patrols were beefed up, thus creating an environment as well as a "Signal" to all, that drugs would not be tolerated.

4. A negative was turned into a positive, by converting what use to be 'drug land ' into a park for the childern and elderly that is safe and drug free.

5. Scheduled meetings at regular intervals with the tenants to keep them apprised of any new developments , but more importantly, get their feed back on whats needed, etc.

6. Letters to all civic and social organizations were sent out to request their assistance, monetary or otherwise, to bring the awareness level higher and to increase community involvement. I have and will continue to make speeches to these organizations .

7. I patrol in my own car and on my own time in the Housing Projects to insure that compliance and visibility are maintained.

In summary, I would be most interested in working with the PSI.

I hope this information will be useful to you and I look forward to hearing from you and/or Sen Nunn. Please give my best to Sen. Nunn, as we all need his leadership. May God continue to bless him.

Best Personal Regards,

THE WALL STREET MORTGAGE COMPANY, INC

Thomas J. Young
President

TJY/sjm